

# THE MEDICAL AND SURGICAL REPORTER.

No. 1500.]

PHILADELPHIA, NOVEMBER 28, 1885.

[Vol. LIII.—No. 22.]

## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### LYMPHATIC LEUKÆMIA IN CHILDHOOD.\*

BY JOHN M. KEATING, M. D.,  
Of Philadelphia.

The short paper which, by invitation, I propose to read to you this evening, will, I am sure, prove of interest on account of its clinical rarity and the infrequency with which we meet the disease in current literature. To make the subject more interesting and more lucid, at the risk of recalling to your memory matters already familiar, I will premise, with a few remarks on the blood in health in children, and briefly with its diseases.

There is a uniformity of composition of healthy blood, which is curious. This is brought about by that equilibrium which is so striking in textures regulated by the production and waste.

The blood corpuscles which we are called upon to study are—

1. The *red*, of which there are floating in the plasma about 5,000,000 to the cubic millimeter. These are about  $\frac{1}{2500}$  of an inch in diameter.

2. The *white*, of a diameter of  $\frac{1}{2500}$  of an inch, having the proportion of one to every 300 or 500 red.

3. The *nucleated red* found in the fetus and infant and disappearing about the third or fourth year of life. These may contain one or more nuclei, in some instances protruding from the cell. They measure from  $\frac{1}{1400}$  to  $\frac{1}{2000}$  of an inch.

4. The *hemato-blasts* of Hogen—"small discoid, colorless, corpuscular, normal constituents of

healthy blood—in drawn blood they aggregate in clumps known as Schulze's granule masses." As to the origin of the red corpuscles, I will quote: "They are developed from colorless corpuscles, the lymph cells, or leucocytes. The nucleated corpuscles of the embryo also aid in the development. These nucleated cells disappear early in childhood, and are then found only in the red marrow." It is Osler's opinion that "they apparently originate from colorless marrow cells, which gradually become more homogeneous, and hemoglobin develops in the protoplasm, the nucleus degenerates and disappears, when the cell has the appearance of an ordinary red disc." Possibly these nucleated cells may give birth to red cells by the process of budding. The relations of the cyto-genetic organs to blood formation has always been somewhat debatable ground; the present state of our knowledge may be formulated about as follows: "The spleen certainly takes part in the development of colorless corpuscles, but its participation in red blood formation is more doubtful; though the opinion prevails widely that the spleen is one of the important organs in the formation of red corpuscles, the evidence for this belief is of an exceedingly scanty nature."

The lymphatic glands and adenoid tissues in other regions are the seat of constant production of colorless corpuscles, but of their relation to the red corpuscles, there is the same lack of information as in the spleen.

Neumann and Bizzozzero pointed out the fact that the red marrow appears to be the seat of blood formation. In the adult it is the only region in which embryonic or nucleated red cells

\*Read before the Obstetrical Society of Philadelphia.

are found. In the young the marrow fills the long bones.

It is Osler's opinion, and I have quoted from his recent admirable articles on this subject, that the evidences of the development of red corpuscles in the marrow rests upon the constant presence of nucleated cells infiltrated with hemoglobin, and of their fission. In excessive hemorrhage, natural or induced, it appears to undergo active proliferation, and it is an interesting fact to notice the marvelous rapidity with which the red corpuscles are reproduced after a hemorrhage. The amount of hemoglobin in healthy blood, according to Preyer, is 13.45 grammes to 100. This relation is important for us to have in mind, as it proves an index to treatment. The color test being used, I feel certain that before long it will be a matter of more than ordinary interest to the general practitioner when the means of applying the color test shall be generally adapted, as has been done already to daily practice.

In the new-born the blood is said to amount to  $\frac{1}{10}$  part by weight of the body; in the adult,  $\frac{1}{12}$  to  $\frac{1}{14}$ . I may also note that it has been shown by Neumann that the liver in the embryo may be the seat of the formation of corpuscles, though in the adult it is the seat of their destruction.

Let us now take up the subject of anæmia in children. Were I to attempt to do justice to this condition, it would take far more time than your patience would allow. We will omit that caused by hemorrhage, by toxic agents, by mineral poisons, by miasm, by syphilis, in which we have an increase in the watery elements and a diminution in the albuminous, and consider that dependent upon disorder of the blood-making organs themselves—and here we meet with a most difficult problem. By the blood-making organs we understand the spleen, the lymphatic tissues, and the bone marrow, remembering, of course, that some of these tissues have also to do with blood destruction. We, however, definitely know that an increase in the cysto-genetic tissues is associated with disturbances in blood formation. The organ undergoes a hyperplasia, particularly of its fibrous constituent, and the marrow of bone changes from normal appearance to one like spleen pulp. The blood of all patients suffering from anæmia presents a reduction in the number of red corpuscles. This is true no matter whether the seat of the trouble is located in the spleen, the marrow of bone, or in the general lymph glands. The white cells may or may not be increased; the clinical features of a case of anæmia will be strikingly alike; let the cause be in any one

of the blood-making organs, all the more important symptoms will be present. To quote once more, such common features would be "the progressive anæmia, with its group of circulatory symptoms, the irregular febrile reaction, essential fever of anæmia, the absence of marked emaciation, the tendency to effusions of the serum, the progressive debility, the recurrence of hemorrhages gastric and intestinal, gastric and intestinal disturbances, and the resistance to treatment."

These affections that have so many symptoms in common, are grouped as distinct diseases under the following headings, viz.: leukæmia, Hodgkin's disease (anæmia lymphatica), splenic anæmia, and idiopathic anæmia.

Leukæmia signifies a hyperplasia of the blood-making organs, with anæmia, and an increase in the colorless corpuscles. Of this form we have three varieties, the splenic, lymphatic, and medullary. Leukæmia is present at all ages; the youngest case recorded by Osler being an infant of eight months. The chief symptoms are insidious onset, anæmic appearance, bleeding at the nose or other hemorrhages, frequent diarrhoea, or other gastro-intestinal disturbance. The spleen is enlarged, gradually increasing in size from the onset, and finally it may interfere with the circulation and cause difficulty of breathing by pressure. Late in the disease the liver is also enlarged. The lymph glands in most cases are affected, and sometimes slightly enlarged. The tonsils and follicles of the pharynx are usually enlarged. The lymph glands of the intestines and of the peritoneum are always enlarged. Fever is present and increases as the case progresses, and is usually of the remittent type. But the most important aid to differential diagnosis is the microscopical examination of the blood. This I give in detail in the case that forms the basis of this paper, which I will now relate. I was called in consultation by Dr. J. W. Godd, of this city, to see the child with him, the latter part of last month, and the following notes were given by Dr. Godd:

Mamie McC., aged four years and five months, had measles when about two years old, from which she recovered without complication or sequelæ. About August, 1884, the tissue surrounding the eye became much inflamed and swollen. The swelling increased so much that the eyelid could not be opened for several days. After continued poulticing, an abscess formed and broke, discharging a quantity of pus, and continued to do so for a considerable time, but finally healed up with a small scar. The child never complained,

yet was pale, and did not want to play as other children did. I believe this was more due to her disposition than to the effect of any disease. About midsummer there appeared a rash all over her body, very thick, resembling the eruption of measles; as it matured it was crowned by small white caps or heads. The epiderm soon came off in large patches. The child had no fever. As the eruption faded the mother observed purplish spots, like bruises, making their appearance. These were considered by the parents to be bruises due to falls. No attention was paid to her condition until September 28, when I was called in the evening to arrest an epistaxis, which had existed most of the day. I found the child lying on a sofa, though able to sit up, with blood slowly trickling from the nose; each nostril contained a large clot. The child appeared very anæmic, with slight fever, yet did not complain of anything except weakness. The mother stated that the appetite had been very poor for some past. The bleeding from the nose was very easily arrested by removing the clots and packing with a strip of lint in each nostril. I also gave the following internally:

R. Acid gallic, gr. xxx.  
Acid sulph. dil., ℥xl.  
Ext. ergot fl., ℥xxx.  
Syrup, fʒj.  
Aque, q. s. ad. fʒij. M.

Et sig.—A teaspoonful in water every hour. Also ordering her as much milk as she cared to take, with the precaution that she should sip it slowly.

Tuesday morning, I saw her and found her in the same condition, except that the epistaxis had been arrested. I thought it best not to remove the lint packing. It now being daylight, her mother called my attention to the bruise like spots over her body. These were in size from that of a two-cent piece to that of a fifty-cent piece, and two of them, situated one over each trochanter, were as large as silver dollars; with the exception of these two, they were all, I believe, situated over the soft parts, such as over the belly of a muscle, and varying in color according to age from a bluish-black to a greenish-yellow. She still had some fever, and her heart was more rapid in its action than normal; hence, I gave her, in addition to the gallic acid and ergot mixture, the following:

R. Liq. potass. cit., fʒj.  
Spts. æth. nit., fʒij.  
Tr. aconiti rad., grt. xv.  
Syr. limonis, fʒiv.  
Aque, q. s. ad. fʒij. M.

Et sig.—Teaspoonful every two hours.

Wednesday morning, I found her feeling some-

what better, though still having slight fever; pulse 124 per minute, and undoubtedly weak in character. I did not detect any abnormal heart-sounds. I removed the lint packing without any further bleeding and with much relief to the patient. I then ordered tr. digitalis in three-drop doses every three hours, and also the following:

R. Quin. sulph. gr. viii.  
Tr. ferri citro-chlorid., fʒj.  
Syr. tolu, fʒj.  
Aque, fʒvii. M.

Et sig.—Teaspoonful every three hours.

Thursday, I found the patient, to use her own language, well; evidently much better. Fever had entirely subsided; the heart's action remained abnormally rapid. The cervical glands were slightly enlarged, but no enlargement of the tonsils, and apparently no inflammation of the fauces. Treatment was continued with the addition of more nourishing food, beef-tea, wine-whey, etc. The child seemed so much better that I said it might come to my office the next morning, instead of my going there. Later in the same evening she took a sudden change for the worse, but I was not sent for until Friday morning. Now the patient was suffering from high fever, 104°F. in the axilla; pulse 134 per minute, compressible. The cervical glands much enlarged and very hard. The bowels had not been moved for twenty-four hours; the tonsils were but slightly swollen; there were no patches in the throat. Thinking that possibly she was developing a malignant form of diphtheria, I at once put her on the calomel treatment until the bowels were moved, giving her three grains, repeated in two hours, and then two grains, when the bowels were moved freely, and the calomel was stopped. I also gave suppositories of two and a half grains of quinine every two hours; also—

R. Liq. ammon. acet., fʒj.  
Spts. æth. nit., fʒij.  
Syrupi, fʒiv.  
Aque, fʒij. M.

Sig.—Teaspoonful every two hours.

I continued the tr. digitalis in five-drop doses every three hours. I also applied hot-flaxseed poultices to the enlarged glands and at noon plenty of beef-tea and milk, but the child did not care for food, and it was difficult to get her to take any nourishment. At midday I noticed for the first time, although I had carefully and frequently listened before, a systolic heart murmur. The temperature was but little affected during the night, and next morning (Saturday) at 7.30 a. m. I found it as high as ever, 104°F. in the axilla. Fearing that endocarditis had set in, from the continuance of high fever and the heart-murmur, I

at once applied a mustard plaster to the pericardium, followed by a poultice, giving internally potassium iodide and ammonium carbonate, continuing the digitalis until noon, when I met Dr. J. M. Keating in consultation.

Physical signs showed, in addition to what has been mentioned, an enlargement of the spleen, yet there was no history of malaria. Dr. Keating did not think that endocarditis had set in, believing the murmur to be rather of a hemic character, yet, as a stimulant to the heart, suggested the application of a blister, internally, very small doses of Basham's mixture every three hours, with the free use of alcohol, beef-juice in small amount, etc. The temperature to be kept down to 102° or lower by means of the wet sheet. On examining a specimen of the urine, which had just been passed, and the first that I had been able to obtain, I found it to be of specific gravity 1016, of a light straw color, free from albumen and sugar. The child could not retain either medicine or beef-juice. The nose again commenced to bleed, to prevent which I again plugged the nostrils. Soon large clots of coagulated milk were vomited, the result of having been given by half-cupfuls at a time, which was entirely contrary to my direction. Her stomach soon became settled, and she took brandy and crushed ice in small quantities. We wrapped her up in a wet sheet, and then poured cold water over her until the temperature came down to 101° in the axilla, which required about thirty-five minutes. She was then wrapped in a blanket. In two hours the temperature was again 104°. We gave several of the wet packs during the afternoon and evening, and notwithstanding we were at the same time giving two and a half grains of quinine every hour by suppository, the same rise in temperature was observed after each. During the night she took her medicine regularly; alcohol and water and beef-tea were also administered.

Sunday morning (the day of her death), I found her, to all appearance, bloodless; pulse rapid and small; respiration shallow and too frequent; temperature rising to 104° after the wet pack, as before. During Saturday night she had removed the packing from the nostrils, which allowed a slight oozing of blood, and this having been swallowed, gave rise to vomiting of clotted blood; this continued, after the bleeding from the nose had been again checked, at intervals of ten to fifteen minutes, which gave me the belief that there was a slight hemorrhage into the stomach, these clots differing somewhat in form and color from those which I ascribed to the epistaxis. The

heart became more rapid—138 per minute—and the patient gradually sank. She died at 6:30 p.m., in great agony, giving two or three shrieks, which were quite loud considering her weakened condition.

Dr. William Osler kindly examined a slide of blood, and reported as follows:

"Report on slide of blood sent by Dr. J. M. Keating. Examination about three hours after withdrawal. *Red corpuscles* present no special alteration in size or shape. *Colorless corpuscles* greatly increased in number—fifty to sixty in each field of the No. 7 Hartnack. They present remarkable variations in size; many are small, not more than one-third the size of the larger forms; they resemble the smaller colorless cells, which Virchow has noted to be present in cases of lymphatic leukæmia. Many of the cells have feeble amoeboid movements. *Nucleated red corpuscles* not observed. *Schultze's granule masses* (often abundant in leukæmia) scanty."

The relation of the increase in number of the colorless corpuscles above noted to the increase in size of the glands and cysto-genetic tissue is, indeed, hard to solve. The increase in size and hyperplasia of the spleen in leukæmia and anæmia are histologically identical. We must remember that the view that colorless corpuscles are changed into red corpuscles is not fully established, hence, also, that it is not proven that the excess of colorless corpuscles is due to failure in the change to red ones. In such cases, the prognosis, when the disease is detected at its incipency, may be favorable under rigid treatment, of fresh air, suitable diet, iron, quinine, and arsenic and salt backing; but in marked cases that have existed for some time with advanced symptoms the result is fatal.

#### PROTECTION OF THE PERINEUM.\*

BY T. A. REAMY, M. D.,

Professor of Obstetrics, Medical College of Ohio.

After apologizing for occupying the time of the Society with a subject which had already been so much discussed, the doctor called attention to the great variance of opinion on this subject by those who write and teach. It has been much worked, but cannot be considered as well worked, since there is no agreement. This is especially true as to treatment. Few oppose all methods of support, few agree as to the best methods. The method of universal success has not been found. Under any method of treatment yet devised, in-

\* Abstract of a paper read before the American Gynecological Society, at Washington, September 23, 1885.



jury occurs in a considerable number of cases. The remote sequelæ are the basis of much of the invalidism of child-bearing women. This feature of the subject is well understood. Perfect success in preventive treatment cannot be confidently hoped for. However, better methods with better results may be expected. He who preserves from rupture a perineum which is in peril, shows more skill, consummates higher art, than he who successfully repairs a perineum which has been ruptured. Prophylaxis has ever been a more humane and more successful means of lessening human suffering than cure.

The methods of perineal support or protection as taught may be divided as follows:

1. Those whose chief aim is to retard the head, and prevent its too rapid advance, in order to gain time for adequate perineal relaxation. As exponents of this class may be quoted Goodell, E. Warren Sawyer, W. Tyler Smith, W. A. Duncan, and Hohl.

2. Methods which aim at protection chiefly by applying artificial support directly to the perineum. As supporting this class may be mentioned Barnes, Playfair, Ramsbotham, Gardner, Baudelocque, Garrigues, Niemeyer, Cazeaux, Meigs, Velpeau, Glisan, and Collins. The doctor gave the particulars of each man's manner of supporting the perineum.

3. Methods of support combining the two classes above named, in that they endeavor to retard the head, and at the same time afford direct support to the perineum.

Dr. Theophilus Parvin, in a paper before the American Gynecological Society in 1882, recommends a combined method by applying the concave palm of the right hand to the convexity of the bulged perineum, while the left hand passed over the right thigh grasps the head and retards or directs it at will. He then gave the manner of supporting the perineum practiced by Chailly, Schroeder, Lusk, McGaughey, and Hodge.

4. Again, there are those who, following none of the above methods of perineal protection, yet try to accomplish the same result by means of forcible dilatation of the vulvar and vaginal outlets with the finger, at the same time practicing a system of enucleation. Notably among these are Ritgen, Ahlfield, Olshausen, Duke, and Smelter.

5. In this class we place episiotomy as a preventive means of treatment. Although strongly urged by high authority, it is probably not adopted by anybody to the entire exclusion of all other means of prevention, and is chiefly retained as a *dernier resort* in cases of extreme peril.

Every one has seen deliveries occur when it seemed impossible without tearing the perineum. To determine what cases demand this operation is absolutely impossible. Indeed, nothing more clearly proves the truth of that aphorism of Victor Hugo, "There is nothing so possible as the impossible." Nevertheless, there may be cases where laceration is so imminent that we are warranted in selecting the site of the apparently inevitable laceration by a resort to episiotomy. This practice has found able followers in Sir James Simpson, Cazeaux, Tyler Smith, Chailly, Honore, Schroeder, Thomas, Moore, Madden, Fordyce Barker, Anna E. Broomall, and Manton.

The last, and numerically the least, includes the total perineal abstinents, who let this structure religiously alone. This practice finds high authority in the writings of Leishman and Hewitt.

Most authorities believe in some means of preservation. Methods which combine judicious perineal support with simultaneous retardation of the head, seem to meet with most favor.

Several years ago the doctor adopted this method, which has been so generally successful in his hands that he believes it his duty to call the attention of the profession to it. Accordingly, in the winter of 1881, he illustrated this method upon the manikin before the Cincinnati Academy of Medicine. He begged leave to submit an account of the method, with illustrations, to this Society, in order to secure for it a more general distribution and to solicit opinions and criticisms. He has for several years employed this method at the obstetric clinics before the classes of the Medical College of Ohio, as well as in his private practice, and is satisfied that by its use he has saved many perineæ, which under any other procedure formerly used would have been lacerated.

This method is to be recommended only in primiparæ and other subjects where the structures are likely to be greatly imperiled.

The woman may take a lateral or dorsal decubitus at pleasure during the early part of the second stage of labor. Indeed, the patient may not be required to lie down during the early part of the second stage of labor. When the head begins to bulge the perineum, and its distension is such as to indicate peril to its attenuated structures, he places the patient on her back across the bed, with her nates brought to the verge. The thighs are flexed upon the abdomen, and the legs upon the thighs, with the knees brought close together and held in this position by two assistants. A towel or bandage of linen about ten inches wide and forty or fifty inches long, is carried

around the buttocks of the patient and spread out smoothly, with its anterior or upper edge on a level with the fourchette, and the ends given to these two assistants. They are then instructed to make traction during the pains, in such amount, in such direction, and with such part of the bandage, as the accoucheur may direct. The direction of traction may be varied at will, from a downward and backward to an upward and forward movement.

As anatomical and mechanical reasons for this method may be given, the recent investigations of Ramsey, D. Berry Hart, and Savage, which tend to overthrow the prevailing views concerning the muscles of the perineum. It has been very generally held that the vagina had a proper sphincter ani, with a figure of eight continuation, and that just back of the fossa navicularis there was a muscular commissure in the centre of the floor of the perineal body, which also gave attachments to the transverse perineal muscles. It now seems well established that there is no such fortunate decussation just behind the fourchette; for if there were, this would be the strongest point of the perineum, and not the weakest, as is shown by the clinical evidence of the frequent rupture at this point. Formerly the constrictor ani, constrictor vaginae, and sphincter vaginae, as they are called, were supposed to be an elliptical muscular ring, whose fibres were continuous behind the fossa navicularis. D. Berry Hart shows such a view to have been greatly in error, for first, the transversi muscles run markedly backward, and meet each other at quite an acute angle in the perineal body; and second, the sphincter vaginae is not a sphincter at all, but simply the median portion of the two halves of the levator ani, as they spread apart to allow the exit of the urethra and vagina, and these parts of the levator ani are called the pubo-coccygeus by Savage. This view of the muscular arrangement is sustained by Ramsey and illustrated in the last edition of Cazeaux and Tarnier. The fibres of the pubo-coccygei portions of the levator ani meet each other between the rectum and the coccyx, and between the anus and fourchette, but do not cross over as a true sphincter.

Thus it is evident that a median laceration is not required to tear any muscular fibres transversely, except a few of the transversi, until it reaches the sphincter ani; and in such an injury the skin and fascia only are torn, while the muscular fibres are spread apart longitudinally. Emmet aptly illustrated the lesion in laceration, when he compared it to the drawing aside of curtains.

The head in parturition tends to spread apart those muscular curtains stretched from the pubes to the coccyx. In this method of support the towel properly applied, and the traction skillfully directed, plays the part of the third curtain in the illustration, and answers the purpose of a supplemental perineum in practice. Flexion of the limbs lessens the violence of expulsive pains by relaxing the abdominal muscles. This position assumed puts the femoral extensors on the stretch, and thus lends assistance by dragging on the perineum, as pointed out by Dr. Chadwick in the discussion of Dr. Parvin's paper three years ago. By keeping the limbs close together in this position, nature is allowed to supply tissue from the neighboring soft parts, as recommended by Liebold and Landie. When the whole perineum is convex from the bulging by the head, the towel or bandage is in contact with every part, and affords equal elastic and resilient support throughout. It retards the head at the will of the accoucheur by varying the amount and direction of traction on the towel.

By the method under consideration, if the traction be made on the anterior zone of the towel the sinciput is held back, and the flexion is retained. This plan exerts complete control of the direction of the head, and does not interfere with the use of the forceps or the employment of episiotomy. This plan substantially secures the same end that is reached in hooking the perineum downward and forward by Goodell's method, while the presence of the fingers in the rectum is avoided. Since the support is so equally distributed, there is not that perilous excitation of expulsive efforts through reflex stimulation, caused by the localized partial and unequal pressure made by the bare hand. The support should be continued until the shoulder has passed the vulvar opening. This method does not interfere with the use of forceps.

Finally, he said, his clinical experience with the method here advocated warranted him in confidently commending it; but to succeed with it requires a thorough comprehension of the principles upon which it acts, and the most faithful painstaking in every detail of its execution.

As already stated, no method will be successful in all cases. Should rupture occur, the immediate operation for repair should be resorted to. Every man who assumes the office of accoucheur should be prepared for the immediate operation, and thoroughly competent to perform it.

The doctor appended to his paper an exhaustive bibliography, giving the authorities on the subject.

## OVARIES FROM TWO CASES OF OOPHORECTOMY.\*

BY WILLIAM GOODELL, M. D.,

Of Philadelphia.

## OOPHORECTOMY FOR OVARALGIA.

When the patient, an unmarried woman, aged thirty, first consulted him, she weighed 236 pounds, but at the same time she was very weak and could barely walk. She suffered excessive pain at her catamenial periods, which appeared only at long intervals. She had cataleptic and hystero-epileptic fits, and complained of very constant and acute ovarian pains. Her urine was passed but once a day, and this act was attended with much suffering. The womb was enlarged and the ovaries were very tender indeed; but nothing else abnormal was discovered. Assafœtida and the bromides were prescribed in large doses, and she was advised to try the rest treatment.

Fourteen months later, she was again brought by her physician to consult Dr. Goodell. She now weighed only 120 pounds, having lost 116 pounds, and she was in every respect worse, her ovarian pains being now constant and very acute, requiring large doses of morphia to control them. Her catamenia had not appeared for nigh four months, and tonics seemed to have no effect whatever on her. Her physician was compelled to be in constant attendance on her, and was liable to be summoned at any hour of the day or night to give her a hypodermic injection. Masturbation was suspected, but she always denied practicing this habit. Nothing further could be done than the operation of oöphorectomy, which was accordingly performed a few days later at the hospital of the University. The ovaries were found much enlarged from cystic and interstitial degeneration, but there were no evidences of peritonitis or of cellulitis, which had been suspected. A corpus luteum existed in one ovary, a rectal hemorrhage or vicarious menstruation having taken place a few days before the operation. Her ovarian pains at once left her; she needed but very few doses of opium, which was given by rectal suppositories. Her convalescence was prompt, and she returned home in less than four weeks, free from all pain, and in a fair way to get perfectly well.

The case was a typical one of the advantages of oöphorectomy, yet he (Dr. G.) thought that the operation was being performed altogether too frequently.

## OOPHORECTOMY FOR BLEEDING FIBROID OF THE WOMB.

In this case the lady was thirty-seven years of age, and had been married eleven years. She gave birth to a child about seven years ago, and since then has had one premature birth at seven months, and one miscarriage. She first noticed an abdominal tumor nine years ago, but her catamenia began to be free sometime before this. Late in the year 1881, the catamenia began to be excessive. As nothing served to check them, early in the following year Dr. Goodell was consulted. He found multiple fibroids of the womb. Six tumors could be readily made out, of which two seemed pedunculated; the sound gave a measurement of 4.5 inches. Under ergot and ammonium chloride the patient improved for several months, then the menorrhagia became worse, and finally a dribbling of blood kept up between the periods. In May of the present year she again consulted Dr. Goodell. She had been dribbling continuously from January, and was much reduced in strength. Being a brunette, she exhibited the facies uterina in a most marked degree, the pigmentation being very dark and extensive. The womb now measured 7.5 inches. She was admitted into Dr. Goodell's private hospital, and on May 24th both ovaries were, without difficulty, removed. They were greatly enlarged by follicular degeneration, a condition which Dr. G. had repeatedly seen in cases of fibroid tumor. The effect of the operation on the tumors, and especially on the main one, was astonishing. After two weeks this fibroid had diminished in length nearly a hand's-breadth. Her recovery was prompt, and she was sent to Atlantic City to recruit. On July 10th, just forty-seven days after the operation, she called on Dr. G., who found the tumors very greatly reduced in size, and the uterine cavity measuring only 3.25 inches, a diminution of 4.25 inches. This extraordinary amount of diminution, in spite of the fact that the obliteration of the ovarian blood-vessels cut off only a small portion of the blood supply to the womb, drove him to the conclusion that the ovaries were the important factors in inviting blood to the womb. Every successful case in which he had removed the ovaries for fibroid tumor of the womb had been followed by the menopause and by rapid diminution in the size of the tumor. But in his hands, and in those of others, this operation was more fatal than that of ovariectomy. During the ten months of the present year, he had twenty-five cases of ovariectomy, with but one death, and that one in a lady operated on at her home, two hundred miles from Philadel-

\*Abstract of paper read before the Obstetrical Society of Philadelphia.

phia. For simple cases of oöphorectomy the mortality should not be greater than that of ovariectomy. But when complicated with the presence of a large or an adherent fibroid tumor, the operation is often one of great difficulty. Twice during the past year he was unable to reach the ovaries, and was compelled to abandon the operation, because in neither case was the woman willing to undergo the risk of having hysterectomy performed. Each case recovered, and while the women were under observation the tumors appreciably lessened in size, as if the shock of the exploratory incision had temporarily suspended the ovarian influence.

#### ABDOMINAL SURGERY, WITH REPORT OF CASES.\*

BY EDWARD BORCK, M. D.,  
Of St. Louis.

At a previous meeting of the society at Evansville, in 1879, the doctor read a paper before it entitled, "Ovarian Tumors: at What Stage of the Disease is the Proper Time to Operate." This was followed by a very interesting and instructive discussion. One surgeon believed in the waiting plan. He lost twelve patients in succession. Another surgeon agreed with him in regard to waiting, and had the courage to say that he had lost thirteen patients in succession. Only one stated that he had operated as early as he was able to make a diagnosis and his patient would let him. He lost about 66 per cent. of his cases.

The doctor still adheres to his views there expressed in favor of an early operation, and to-day is able to sustain what was then his theory by his own practice.

In March, 1878, he had his first case of ovariectomy. Then he followed with a report of the case, a multilocular ovarian tumor in a lady 55 years of age, from the country. He was advised to operate, under the guidance and with the assistance of one who had operated. Therefore, he asked Dr. Louis Bauer, of St. Louis, to assist him with his counsel and presence. The cyst was of only about three months' duration—the third stage—and all other surgeons who had been consulted advised the waiting plan, and against an operation at present. The patient recovered.

The second case was a lady *æt.* 43. He removed a large ovarian cyst from the right side, together with the uterus in the last stage, having had a cyst removed from the left side 17 years ago. She died.

\*Abstract of paper read before the Mississippi Valley Medical Society, September 9, 1885.

Next a simple cyst of the left side in a young miss, *æt.* 14. Last stage. Died.

But we learn much from our unsuccessful cases, and eight successful ones followed. The next case, ovarian cyst accompanied by cancer, was lost. The next twelve cases recovered. He then lost a case—single cyst, last stage.

Then followed a similar case, which also died. Out of the succeeding twenty-five cases he lost but one, a colored lady. This makes fifty cases from March, 1878, to May, 1884, with five deaths. These cases were divided as follows:

Simple cysts . . . . .	8
Cysts of the broad ligament . . . . .	2
Ovarian cysts, with cancer . . . . .	1
Ovarian cysts, with removal of the uterus . . . . .	1
Persistent pain in the ovary removed, cystic degeneration . . . . .	1
Fibro-cystic tumors . . . . .	6
Oligo- or polycysts, etc. . . . .	31

These cases were all in private practice, and all but five of them operated upon in their own homes, and were distributed over several States. With the exception of those that died, the cases were all early operations—from six to twenty-four months' duration; the youngest aged fourteen years, oldest sixty years. In two cases drainage-tubes through the abdomen; in one, drainage-tube through the vagina. In these cases there was much surface bleeding. In all the other cases the abdomen was closed; the pedicle was dropped into the abdomen in every case. In one case, a simple cyst, it was found necessary to open the abdomen again on the third day on account of the internal hemorrhage. The clotted blood was washed out, and the wound closed again. She recovered. In this case he was led to use the cat-gut ligature. He will never use it again. It is his custom to remain with his patients until they are out of danger—sometimes from three to six days. He was not able to say what influence the air and malaria of Missouri had upon such patients; but it must have changed (?) since 1878, for other surgeons, too, were having brilliant success of late.

Now, when we know that the average life of a patient afflicted with ovarian tumor is four years, that polycysts terminate fatally in twelve months, oligo-cysts in twenty-four months, after the third stage has begun, he draws the following conclusions:

1. That those cases operated upon at the extreme last die.
2. That the comparatively early operations are successful.
3. That there is no absolute need to send your



patients off to a hospital or private institution, if she is any way comfortable at home.

"I always advise those gentlemen who attend my lectures, as well as others, to do as I do—take care of their own patients if they have the confidence in themselves to do so; but if they do, by all means give their patient all their time and attention, and be well prepared for all emergencies.

"It has been intimated to me more than once that I must pick my patients. I will freely and openly admit that I do. There are certain cases which I seem to know instinctively will turn out fatal. These I avoid, for there must be the utmost hope and confidence on both sides."

Here he related a case he had seen in Illinois, where he would have operated on Saturday, when he first saw the patient, as she was willing, but he was not prepared. She would not permit an operation on Sunday, so it was deferred until Monday. Being in the last stages, she died Sunday night. He thought an operation here perfectly justifiable.

"Successful cases are reported from all over the country, even in the small towns. In the near future this will be considered a minor operation. But how few fatal cases do we see reported! I have seen many fatal cases in this country, and not one of them reported. My friends say I pick my cases. I would call it a judicious discrimination between cases, and recommend all who begin to do the same. One thing my friends cannot say, that I hide my fatal cases. Every one of them has been published at once and in detail, and I will publish every other case I happen to lose in the future, for the benefit of all.

"Since 1878 I have seen and examined on an average about twenty-five cases of abdominal enlargement per year, and I have not in a single instance made an exploratory incision for diagnostic purposes, though justifiable in many doubtful cases, and as a rule safe.

"I do not believe in the practice of opening every woman's abdomen, because it is easier to make a diagnosis. I prefer the more difficult manner, without the knife. Whenever I should be in doubt, and have to record an exploratory incision, it would be with the distinct understanding to go on with the operation, if such were indicated."

—Paul Guttman, in a careful study of the bacilli of leprosy observed in elevated nodosities in a girl twelve and a half years old, found the microbes always collected in cells, a feature which distinguishes them at once from the bacilli of tuberculosis, while the fact that they stain more easily than the latter further distinguishes them.

## HOSPITAL REPORTS.

### JEFFERSON MEDICAL COLLEGE HOSPITAL.

SERVICE OF DR. J. M. DA COSTA.

#### Chronic Bright's Disease.

This woman, gentlemen, is thirty-eight years old, and married. She tells us that she enjoyed good health until two and a half years ago, when her ankles commenced to swell, and this swelling gradually extended upwards to the knees, and it has continued until the present time. Two weeks ago her face became oedematous, and her abdomen commenced to swell. Her vision is somewhat obscure, and Dr. Fox reports to us that he finds, upon ophthalmoscopic examination, slight hemorrhages in the retina and deposits of colloid degeneration in both eyes; they are in the first stages, and the white patches (shown in a diagram) are not so very pronounced. For two months past, she has been troubled by frequent desires to micturate, compelling her to get up at night; but she passes very little at each call, so that the total quantity of urine voided is rather diminished than increased. She is very anæmic; her tongue flabby and slightly coated. She is troubled occasionally with vomiting and headache. There is no heart lesion; the first sound is heavy, and there is an occasional irregularity of action; the pulse is full; there is no organic disease, but a tendency towards hypertrophy, which will result if this condition of affairs continues. Serum is now commencing to exude from the distended limbs. She has no cough.

The urine is found to be highly albuminous; there is so much albumen that it will not redissolve when the tube is agitated, as it will do when the quantity is small. We have, in this case, a history of grief; this poor woman was for some time engaged in nursing a daughter, who died with symptoms much resembling her own. There is no history of cold, exposure, or scarlet fever. Here, then, we have a case of chronic parenchymatous nephritis, with an obscure causation. We will order this woman—

R. Tinct. ferri chlor.,	f ʒj.
Potass. acet.,	ʒ ss.
Acid. acet. dil.,	f ʒij.
Elixir simpl.,	f ʒj.
Aqua,	ad. f ʒiv. M.

S—Teaspoonful in half a wineglass of water, thrice daily.

This is a good tonic and diuretic, and the dose will be gradually increased. If she were passing an excessive quantity of water, this formula would not be given. The iron will increase the red globules of the blood, and the potash will act as an alterant on the kidney. Her diet will consist of eggs, milk, and under-done meat. Milk, when taken in large quantities, is a diuretic. If, however, this formula does not meet the indication of reducing dropsy (which it most likely will), she will be given croton oil ( $\frac{1}{4}$  drop) or compound jalap powder (ʒj.—ʒij.) two or three times a week. But avoid purgatives, if possible, as all of them are more or less weakening.

#### Anæmic Dropsy.

This girl, aged 22, presents a condition some-



what similar to the woman who was just before you, but from a totally different cause. Five years ago she had pneumonia, and now occasionally has cough and stitches in the side, but she has never spit up blood. Nine weeks ago her face and limbs became very much swollen, but, under treatment, this disappeared. One week ago she was at the hospital, and then said that the week before she was much swollen. She has to get up at night to make water. The urine has a specific gravity of 1020, is strongly acid, contains neither albumen nor sugar, upon repeated examinations, but abounds in phosphates. The microscopic examination is negative. She has an overacting heart, but no hypertrophy. Near the left base there is a very faint systolic murmur. Her menstrual functions are normal, and there is no history of exposure. This might have been an acute case of Bright's disease, but, although repeated examinations were made, the urine failed at any time to offer any evidence of renal trouble. Acute dropsy may result from exposure, without any renal trouble; he has had just such a case, where the swelling subsided after ten days. In this case there was coryza and all the usual signs of a heavy cold, followed by anasarca. But if such were the case here, we would not have the swelling recurring as it has done. The murmur is too soft and indistinct to warrant us in attributing the dropsy to heart disease. In 99 cases out of every 100, a soft murmur at the left side is a blood murmur, due to anæmia.

Here, then, we have a case of rapidly developed dropsy, without any apparent cause save anæmia, to which we must ascribe it. The marked improvement in this case has taken place under the use of a modification of Bland's pill:

R. Ferri sulphas,  
Potass. carb.,      āā      ʒj. M.  
Ft. pil. No. xl.  
S.—One thrice daily, and gradually increase.  
We will continue this treatment.

#### Pulmonary Syphilis.

I will give you a resumé of this man's history as I have gleaned it after much trouble. If I question him, he will consume the whole hour, for he has a penchant for talking around corners and dilating upon every subject save that upon which he has been questioned. He had several hemorrhages from the lungs; one three years ago, one six months ago, one last Friday; two ounces at the first, four ounces at the second, and a teacupful at the last. The blood is red, frothy, and liquid, not clotted. There is dullness at the apex of the left lung; feeble inspiration and slightly prolonged expiration. There is considerable swelling of the ends of the bones, about the clavicles, sternum, and ribs; a periosteal swelling. The tongue is coated and somewhat flabby. The left lobe of the liver is enlarged, as is also the spleen. There is no heart disease. The question now arises whether this hemorrhage is from the lungs or stomach. The physical signs as well as the fact that the blood is fluid point to the lungs. Then we must inquire whether the lungs are congested from heart disease or themselves diseased. The heart is sound, so the first possibility must be dismissed. He thinks the lung is diseased. What disease? He is inclined

to think that we have here syphilitic disease of the lung, though the diagnosis of this condition is an extremely nice problem, as so very much depends on the previous history, which in this case we cannot procure. This man indignantly denies that he ever had syphilis, though, with a wonderful refinement of morality, he pleads guilty to gonorrhœa. As favoring the diagnosis of pulmonary syphilis, we have the fact that the lung trouble dates back some years, but his general health remains good. With the exception of the hemorrhage, there is very little evidence of any departure from a healthy standard. We must also consider the enlargement of the bones as in favor of syphilis. Taken altogether, we have a very good case in favor of pulmonary syphilis as against pulmonary tuberculosis, which is all the better for the patient. We must in the first place do away with the liability to hemorrhage, and this we will accomplish by giving him ergot, one-half to one drachm thrice daily, keep him quiet, and give an occasional laxative. After the liability to hemorrhage shall have passed, say in one week, we will give him decided doses of iodide of potassium, commencing with ten grains and increasing to half a drachm thrice daily. With this he will be given cod-liver oil. If our diagnosis is correct, this treatment will benefit him; if it is erroneous, it will do him no harm.

#### Hysteria.

The most marked case that one could ask to see was now brought before the class. The patient was a woman twenty-six years old. Her spells, as she called them, commence in March and continue until September, when they vanish, unless brought about by some excitation, as pregnancy. As she sits in the clinic-room, her limbs are in constant tremulous motion. There is no tender spot along the spine. Sudden impressions, such as pinching the skin, will bring on one of these spells. Dr. Da Costa places the stethoscope to her heart, and this excites a paroxysm; a convulsive movement of the shoulders is followed by a suffusion of the face; she grasps her ears and gives rise to several piercing shrieks; she is told to put out her tongue, and at once obeys. She tried to walk, and nearly fell; but at times can walk as well as any one. She seems like a sensible woman, not like one who would desire to simulate and deceive, and with her the hysteria is really a disease. A strong point in the diagnosis is that she never loses consciousness. Her uterine functions will be inquired into, and if deranged, will be treated, but whether or not a cause is there found, the treatment must be general. She must be encouraged; moral suggestion and reasoning must be resorted to. She must have good food and open-air exercise, without fatigue, as carriage driving, etc. The nervous system must be invigorated, without being fatigued. She must go to bed early and get up late, so as to have plenty of rest. For drugs she will be given two grains of valerianate of zinc four times daily.

—The *Med. Record* says that boracic acid is largely used by milk-dealers in the summer time to preserve milk. It is, we understand, the basis of a preparation known as "vex magnus."

## MEDICAL SOCIETIES.

## OBSTETRICAL SOCIETY OF PHILADELPHIA.

## Discussion on Leukæmia in Childhood. (See page 617.)

Dr. Goodell inquired if there were any distinguishing points between purpura hemorrhagica and lymphatic leukemia. If there is a deficiency of red blood corpuscles, why do red patches occur so easily?

Dr. Keating remarked that the subject under discussion was dependent upon certain conditions, which physiologists are still debating. In leukemia we have, as a diagnostic feature, an involvement of the lymphatic system, more or less; a hyperplasia of the tonsils, lymphatic glands of the peritoneum and of the intestines; also of the spleen and bone-marrow—all of them being more or less connected with red-cell formations; but the principal diagnostic point is the increase in number of the colorless cells, as is noted in Dr. Osler's report, just presented. The hemorrhages in these cases are possibly due to a diapedesis or capillary rupture. In what is known as purpura hemorrhagica, there is an exudation of blood-cells or the hematin from their destruction, into the rete mucosum and the papillary layer of the cutis; of course, capillary ruptures may occur with profuse hemorrhage. The blood-cells (red) are usually diseased; they become crenated or they cease to form rouleaux, and possibly the plasma may be at fault. The microscope alone will reveal the distinguishing features. Purpura may be considered a symptom accompanying a dyscrasia in which the blood itself is involved, not merely the organs of its production.

## Discussion on Ovaries from Oophorectomy.

(See page 623.)

Dr. Montgomery was glad to hear the good results in Dr. Goodell's cases. In a few of the cases upon which he had operated, the menopause did not at once occur, sometimes not for two years after the operation. In such cases the tumor did not decrease in size while menstruation continued. In the case of hysterectomy for fibroid tumors reported by Dr. Montgomery at the last meeting, temperature at no time exceeded  $101\frac{1}{2}^{\circ}$ , and the patient left the hospital to day perfectly well. He preferred removal of the uterus and its appendages entire when the ovaries cannot be removed in consequence of previous inflammatory changes. Ligation of blood vessels supplying the tumor might be useful, when nothing better could be done.

Dr. Baer thinks that when the ovaries can be removed, it is the preferable operation.

Dr. Goodell has been so uniformly successful in removing the ovaries for the cure of fibroid uterine tumors, that it is his choice. He has been notified that in a case of fibroid tumor of the womb in a woman aged thirty-three years, he will be called in consultation; this will be the third. He will advise removal of the ovaries: if at the time of operation that is not found possible, he will close the incision, as the other operation is very dangerous, and the patient can certainly live a few years as she is. In one case only of his oophorectomies have the menses continued, and he

thinks that in that case there must have been some supplementary ovarian tissue.

## Ovariectomy.

Dr. Montgomery exhibited for Dr. Warder a large ovarian tumor, and related the following history: The patient was a young woman. Her menses commenced at 17 years of age, and had always been irregular. They ceased entirely for twelve months, and at the same time the abdomen was enlarged until the tumor reached above the navel. Fluctuation was doubtful; the mass seemed quite solid, and pressed the uterus down into the pelvis. Anæsthesia did not relax the abdominal wall, and diagnosis was doubtful. An exploratory incision, showing the pearly tint of an ovarian tumor, made it sure. Nothing would pass through the trocar, but some of the jelly-like contents of the tumor escaped beside it and passed into the abdomen. The large cyst was filled with small cysts. The patient did well for one week, then the pulse became rapid; but she has since been doing well, and is now rapidly recovering.

Dr. Goodell thinks the danger from the escape into the abdomen of cyst contents is overrated.

Dr. Baer: In the early stage of ovarian tumors, metrorrhagia is sometimes present; sometimes the menses are entirely absent. He should like to hear from the Society some reason for this inexplicable difference.

Dr. Goodell has observed the same facts, but can throw no light upon it.

Dr. Montgomery remarked that in this case both ovaries had undergone cystic degeneration. The second ovary contained numerous small cysts.

Dr. Baer inquired about the treatment of the second ovary.

Dr. Montgomery replied that it was removed.

## NEW YORK ACADEMY OF MEDICINE.

Stated meeting, November 5, 1885, the president, A. Jacobi, M. D. in the chair.

## Sketch of the Life of James L. Little, M. D., and of the Twenty-five Years in which He Practiced Surgery.

D. B. St. John Roosa, M. D., read the paper. Dr. Little from early years had a love for medicine, and while clerk in a book-store availed himself of the opportunity to read medical works. He applied to Dr. Willard Parker to become one of his pupils, and came near being rejected by that eminent practitioner, whose office was already overflowing with students. As a pupil, Dr. Little was very punctual and industrious. He first entered the wards of Bellevue Hospital, where James R. Wood felt an interest in him; but as the New York Hospital was then the centre of surgery in this country, and he had an opportunity to do service there, he resigned his position as assistant in the Bellevue Hospital. Dr. Little's experience as a surgeon might be said to have commenced in 1860, in which year he graduated from the College of Physicians and Surgeons. He it was who overcame the difficulties in the way of a practical use of plaster-of-paris as a splint and dressing. Dr. Little rendered some valuable service as a surgeon during the war of the rebellion. During the twenty-five years of his practice he was en-

gaged in teaching in various medical schools: in the College of Physicians and Surgeons, the University of Vermont, and at the New York Post-Graduate Medical School. Young men felt attracted toward him, and his office was usually full of students. He was unassuming and frank; he showed skill in his operations, and his success could not fail to attract attention. His learning was of a practical kind, and although he might not operate according to the latest methods taught by Eriksen or other authorities, still his patients would recover and the result would be all that could be desired. He died in the vigor of life, from peritonitis, and on his death-bed expressed trust in the Christian religion.

#### Electricity as a Therapeutic Agent in Gynecology.

Dr. Paul F. Mundé next read a paper on this subject. He thought electricity could be put to more general use in gynecological practice than it is at present: any physician after a slight amount of experience in its use would find cases in which it would be of decided benefit. The galvanic current would be found useful in a far greater number of cases than the faradaic. If applied properly, it would be followed usually by a pleasant sensation, and by relief of pain and other symptoms. If applied too strong, it might give rise to painful symptoms. The faradaic current was usually employed only when it was desired to produce a special result, and it was likely to be beneficial in proportion to the power of the current. If the galvanic current increased the pain, it was an indication that it was doing harm, and it should be reduced in strength or its use be discontinued. It was not the author's intention on this occasion to speak of the galvano-cautery. Time would not permit of his reading that portion of the paper devoted more particularly to obstetrics, nor of certain other portions.

In general it had made no difference in his practice which pole, the negative or the positive, was applied internally or externally. There was one exception, namely, in pelvic exudation and constant irritation of direct or reflex character; here the negative pole should be connected with the intra-vaginal electrode. He often employed the negative pole when he desired an alternative or absorbent effect, with a mild current. In the use of the faradaic current, it never seemed important whether the one or the other pole were placed internally or on the integument. It might be another matter if it were desired to affect a special group of muscles or nerves.

It was safe to begin treatment with a mild current—if the galvanic, say from four to six cells; if the faradaic, begin with as strong a current as the patient could bear without discomfort. Increase the strength of the current gradually, but diminish before disconnection of the poles. In internal electrization it is always well to introduce the electrode before closing the circuit, and break the circuit before removing it.

Whether benefit was to be derived from the treatment, could often be told only after continuing it for some time, except where the faradaic current was employed to bring on the menstrual flow. Fewer than two applications a week would be a waste of time; it was much more desirable

to make the sittings frequent, and to continue them about an hour. This, of course, would encroach upon the time of a busy practitioner. He had seen no bad result follow the use of either current.

The conditions in which Dr. Mundé had employed electricity were the following: Deficient development of the uterus and ovaries, the development, however, being sufficient to give hopes of arousing them to functional activity. Here he usually employed the faradaic current upon the endometrium.

For awakening the menstrual flow, he made applications every other day, and every day for a week before the expected flow. But if there were no menses, little hope could be entertained from treatment, for the ovaries in that case were probably atrophied, and contained little glandular element. On several occasions he had found the alternate use of galvanism and faradism of advantage.

In amenorrhœa, besides other methods of treatment, local applications, etc., electricity might prove of benefit. But the temporary absence of the menses in girls just budding into womanhood need not demand special attention. In women who have borne many children, have become plethoric or anæmic, take little exercise, in whom there is venous congestion of the pelvic organs, but not to the extent of bursting the capillaries and bringing on menstruation, advantage would be gained from the use of electricity, perhaps faradism and galvanism alternated; frequently several sittings would be required to bring on the flow.

In subinvolution and menorrhagia the faradaic current was especially indicated.

In hyperplasia uteri he had obtained a great deal of satisfaction from the frequent and prolonged use of the galvanic current, both in relieving reflex neuroses and in reducing the size and hardness of the uterus. The indications as to the strength of the current were the reverse of those in sub-involution; it should be employed as strong as the patient can bear.

In pachysalpingitis and certain other conditions of the tubes and ovaries, a real cure could be effected only by removal of the parts by laparotomy; but temporary relief from the pain might be obtained by the use of electricity, and by blisters applied over the ovarian region. The sittings should be of half an hour's length, and the number of cells employed should not exceed twelve.

In pelvic neuralgias, chronic pelvic cellulitis, lymphangitis, nothing would prove so effective in relieving pain, and to a certain extent in producing softening of adhesions, as galvanic electricity.

Electricity should not be employed in acute or subacute affections. He had obtained no benefit in those uterine displacements dependent upon an elongated condition of the uterine folds or ligaments. In fibroid tumors, electricity would probably have a future; but for ovarian tumors, an almost perfectly safe and sure cure was laparotomy.

Dr. Freeman, of Brooklyn, said the author's experience had coincided in almost every particular with his own. He commenced the use of electricity about twenty years ago, and in an almost purely empirical manner. Later, he learned that

all the benefits which could be obtained from the use of the faradaic current could be obtained equally well by the use of the galvanic current, except in the production of muscular contractions, and for this one could use the interrupted current. But static electricity had not been mentioned in the paper, while during the last four years Dr. Freeman had used this form almost altogether, and had found it efficient, and much more convenient, especially in relieving the patient of the necessity of disrobing. One of the greatest advantages of electricity was seen in its power to allay pain; it offered a practical substitute in many cases for opium. Dr. Freeman then gave an account of two or three cases of fibroid tumors of the uterus which he had treated very successfully by electrolysis, introducing a needle into the tumor either through the vagina or abdominal wall. No severe reaction had followed this treatment.

Dr. A. D. Rockwell's experience confirmed that of Dr. Mundé in most respects, although he had employed electricity less in gynecological practice. He could not understand how the gynecologist could get along without electricity in the treatment of pelvic cellulitis. He should suppose the galvanic current would be preferable in subinvolution.

Dr. H. J. Garrigues had employed electricity in gynecological practice to a limited extent. The reason why he had not employed it more was that it took too much time. The condition in which he had used it oftentimes was amenorrhœa, but it had not always answered the purpose, and this was true not only where the uterus was affected, but also in cases which seemed to be principally of functional trouble. He had found that something which acted in a mechanical manner would answer about as good a purpose. He had found some trouble with the use of the galvanic current in the vagina; even if no more than six cells were used, there was danger of producing an eschar.

Dr. W. R. Birdsall thought the literature on the subject of electricity in medicine was rather mystifying and unsatisfactory. He thought better results would be obtained if there were more exact methods in the use of the agent. One important point was to employ means for estimating the exact strength of the current used. He gave the preference to galvanism; the faradaic current might be more useful where it was desired to produce muscular contraction or cutaneous irritation. Neither should be used in acute and subacute cases. The effects of electricity, particularly faradaic, were transient, and required to be repeated frequently.

Dr. Malcolm McLean urged the importance of giving electricity and other means a fair trial in cases apparently calling for Tait's operation, before resorting to removal of the ovaries and tubes; for, he believed, fifty per cent. of the cases in which Tait's operation was performed experienced no more than temporary benefit.

Dr. H. J. Boldt said that in two cases of subinvolution of the uterus, with menorrhagia and metrorrhagia, he performed tracheorrhaphy without benefit, but subsequently effected a permanent cure by alternate use of galvanic and faradaic electricity.

The president said the need of such a paper as that read by Dr. Mundé was evident from the fact that three of the most recent works in German pertaining to diseases of women contained not a word about electricity.

The president announced that owing to illness, Dr. Janeway would be unable to deliver the anniversary discourse the second meeting in November, and Dr. H. D. Noyes had kindly consented to discharge that duty.

#### MISSISSIPPI VALLEY MEDICAL SOCIETY.

##### Discussion on Abdominal Surgery. (See page 624.)

Dr. Byrd had made a number of ovariectomies. He never lost a patient if the tumor weighed less than thirty pounds. He referred to picking patients. Certain patients will die. When you see little varicosities over the body, it shows that the tissues are relaxed, that suppuration and peritonitis will intervene, and the patient will die.

Dr. Eastman inquired, Why is it that European operators are so much more successful than American? It is not in the air and not in the patients. It is a very important question to decide, When shall we operate? Do not wait until the woman is weary of life. I am not in favor of waiting any longer than to improve the general health of the patient. No difference if the tumor is small; so much the better. Lawson Tait says his patients come to him much earlier now than formerly; hence his better results. He does not pick his cases. The doctor referred to his opinions as expressed before the Indiana State Medical Society, and published. All men can look back and say, "I do believe now, with my present experience, I could have saved that case."

Dr. H. H. Clark, of Danville, Ill., has done nine ovariectomies, and had two deaths. Is confident that he could have cured one of those two with his present experience. The tumor weighed 47 pounds. Large tumors are not desirable for an operation. Make your operations early.

Dr. Louis Bauer thought there was nothing to be gained by delay. The tumor interferes with the general health, so what can we gain by delay? Dr. Borck is to be congratulated for his courage in reporting his unfavorable cases. There are men who operate only for fame. If he were only a neophyte in the operation, he desired to be a better one.

Dr. Arch. Dixon, of Henderson, Ky., reported the case of a woman he had operated upon, with a tumor the size of a head. The case went without fever for nine days. He then removed the sutures, and found a little pus. The temperature rose slightly. He washed out the pus, and the temperature fell to normal. He also reported a second case.

Dr. Byrd said the gentlemen had discussed the present aspect of the case. For the last five years he has used torsion in all operations except ovariectomies. He has not had courage to use it in this operation, but it has been used by Sims. I may some day become prominent enough to do this in ovariectomy, but am now too young. I opened the abdomen 78 times, and lost eight patients. Do not put irritating material in the form of sutures in there and leave them, and you will not have so much trouble.



Dr. Louis Bauer reported the case of a little woman four months married, who had a tumor just the size of a four months' pregnancy. She had severe pains at the time of her periods, and had been to a dozen physicians. He reported this case, because one in which to exercise the powers of differential diagnosis.

Dr. Eastman said: If you report your fatal cases you must remember your enemies, if you have any, will use them against you. Cleanliness is a great necessity. A private house can be fitted up as well as any hospital. The patient should receive your close personal attention. As Lawson Tait says, efficient and good-looking nurses, and everything æsthetic about the home, is very necessary.

Dr. E. S. McKee, of Cincinnati, thought, as Lawson Tait once said, "The reason of the large percentage of deaths in ovariectomies in America is due to the fact that there are too many men doing the operation." Every physician who can get a case performs ovariectomy. Every man who has performed twenty ovariectomies does not lose half as many out of his second ten as his first. They can all see, in looking back over their operations, how they could save this case or that case were they to operate now. In this free country of ours the practice of medicine and surgery is entirely too free. Imagine, if you can, the operation of

ovariotomy under the control of wise government officials—say the most successful and experienced ovariectomist in each State, or more or less as occasion demanded, was appointed and empowered to do all the ovariectomies in that State. Would there not be a marked decrease in deaths from the operation? An assistant might be appointed who would be with him in all his operations and receive his scalpel when he succumbed to the inevitable. Such an idea I know is impracticable in this free-for-all country, but theoretically it is wise.

Dr. A. C. Bernays agreed there were too many men performing the operation. No general practitioner should do an ovariectomy; one tracheotomy is much more credit to the general practitioner, and sometimes is much more difficult to perform. All are liable to be called on to perform tracheotomy, and the man should be kicked out of the profession who is unable to perform it at a moment's notice.

Dr. Borck, in closing, said he thought it well to send cases to the specialist; but if he dies, what then? New men must be coming on all the time. He taught his students to perform their own ovariectomies. He thinks Dr. Byrd correct—that torsion can be used in this operation. He thinks it proper to use the cautery after removing the secreting membrane.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Severe Vomiting in Pregnancy, Due to Alcoholism: with Remarks.

Dr. Arthur W. Edis thus writes in the *Brit. Med. Jour.*, October 10, 1885:

The case related by Dr. Horrocks in a recent issue of the *Journal* encourages me to forward the particulars of the following case, which may prove of interest to many:

A. B., aged thirty-nine, married fifteen years, mother of four children, the youngest seven years old, ceased menstruating early in May, 1884. Within a few weeks from this time, she suffered considerably from nausea and vomiting, which gradually increased in severity and frequency until, at the time of my first seeing her in the latter end of August, the vomiting was incessant, and she was unable to retain anything whatever on her stomach. So severe was the retching, and so grave were the symptoms, that the question of inducing premature labor was raised; and for this reason I was asked to see her in consultation with her medical attendant.

I found the patient propped up in bed, with a flushed congested appearance of the face. The conjunctivæ were injected; the tongue foul, coated, red, and irritable at tip and edges; the breath was offensive; the voice was harsh and subdued. She held a basin in front of her, and for the last three or four days had been vomiting almost incessantly, straining herself to that degree that it

was feared that some untoward event would happen unless the vomiting was arrested. On inquiry, I ascertained that the bowels were loose and irritable, acting five or six times, at least, in the twenty-four hours. The urine was reported free from albumen, but loaded with lithates. There had been a slight discharge of blood from the vagina a few days previously, but no pains as of threatened abortion. For days past, the patient had taken nothing but brandy and soda, champagne, iced soda, and milk in small quantities. Her pulse was rapid, weak, and irritable; temperature normal. The skin was moist and clammy. The chest and abdomen were examined carefully, but no well marked abnormality detected to explain the persistent vomiting. On examining *per vaginam*, the uterus was found to be considerably enlarged, apparently about the size of four months' utero-gestation. It was fairly normal in position, the cervix being fleshy and somewhat granular.

In consultation with her medical attendant, I ventured to suggest that the vomiting seemed to be due, not to the pregnancy, but to the immoderate imbibition of alcohol; and that I considered her condition so desperate that, if labor was induced, she would probably succumb. Taking the husband into our confidence, the decision we had arrived at was plainly and distinctly stated; and, with his full consent, I was empowered to speak to the patient herself on the subject. She had sufficient good sense to understand the motive for our appeal to her to give up at once all alco-



holic liquors, and, as it subsequently proved, sufficient moral control over herself to carry out her resolve.

A mixture of bromide of potassium with compound tincture of lavender and aromatic spirit of ammonia was prescribed, to relieve the distressing sinking and craving; and another, with bismuth, nux vomica, morphine, and hydrocyanic acid, to be taken occasionally, to allay the vomiting. The importance of supplying nourishment in the form of nutritive enemata, with or without opium, to allay the irritability of the bowel, until such time as small quantities of jelly, beef-tea, etc., could be retained by the stomach, was insisted on. Under the watchful care of her medical attendant, the treatment indicated was carried out thoroughly, with the result that the vomiting ceased within twenty-four hours, the patient was enabled to retain small quantities of nourishment, and ultimately went to her full time, being safely delivered of a son, both mother and child doing well.

In a letter from the practitioner about six months later, announcing the fact that she was safely over her confinement, he told me that "she proved most sensible and tractable, with a little management, and the secret of her recovery was one glass of Sauterne at lunch and one at dinner, and nothing else in the way of stimulant."

*Remarks.*—The case illustrates the extreme importance of differentiating the vomiting in pregnancy from that of pregnancy. My firm conviction is, that had premature labor been induced on the assumption that the vomiting was due to the pregnancy, the patient would inevitably have succumbed. Her general health was such that even the shock of induction would probably have proved fatal, to say nothing of the risks of exhaustion and septicæmia.

Although in this case there was a clear history of the abuse of stimulants, preceding even conception, I think it cannot be too strongly urged that extreme care should at all times be exercised in suggesting champagne, brandy and soda, and such like remedies, with a view of relieving the sickness generally associated with early gestation. In strict moderation, such remedies may be of service in some cases; but I have no hesitation in saying that, speaking generally, they only aggravate the sickness and increase the tendency to gastric disorders. We have yet to learn that there is one constant factor which will explain the vomiting of pregnancy. It may be said this is not a case in point: and yet, if we go carefully into the history of these cases, we shall generally, or at least frequently, find that in a large percentage of them there is something, perfectly apart from the position or even condition of the uterus itself, to explain the vomiting. Each case must be treated on its merits.

#### Renal Calculus: Nephrolithotomy: Recovery.

Mr. H. C. Phillips reports this case in the *Brit. Med. Jour.*, October 10:

H. H., aged 19, a laborer, was admitted on May 8, 1885; his appearance was anæmic and expression anxious.

About a year before admission, he began to suffer from pain in the left loin, which came on after hard work; he was subject also to headaches

and to occasional attacks of vomiting. His urine was often thick and bloody, coffee-colored; this condition was not affected by exercise, as he often passed blood while laid up in bed. He had pain in the region of the left spermatic cord, and also down the inner side of the thigh. Occasionally there had been retraction of the testicle.

Dr. Rice, of Derby, who had the man under supervision and treatment for some time previously, had formed the opinion that there was a stone in the kidney, and he advised him to submit himself to nephrolithotomy, as all other treatment had proved unavailing.

On admission into hospital, nothing abnormal could be made out by palpation in the region of the left kidney. On making firm pressure upon the kidney itself, there appeared to be no unusual tenderness, and the manipulation was not followed by hæmaturia. The pain in the groin continued acute, even though the man was kept in bed; pains were constantly complained of in the left genito-crural region. The urine was of a pale straw-color, acid, and the specific gravity was 1015; it contained neither pus nor albumen. A sound introduced into the bladder gave a negative result.

*Operation.*—On May 15, he was brought into the theatre. Ether having been administered, he was turned on to his right side, and the left loin was washed with a solution of corrosive sublimate (1 in 1000.) The surgeon standing behind the patient, an incision about four inches long was made parallel to the last rib, and about two fingers' breadth below it, the hinder limit of the incision being over the outer border of the erector spinæ. The anterior fibres of the latissimus dorsi and the posterior ones of the external oblique were divided, the internal oblique and the transversalis were incised, and the transversalis fascia was cut through. The anterior trunk of the last dorsal nerve was recognized. Loose connective tissue and fat were scratched through with a steel director, and the kidney was reached. At once the left index-finger was curled round to the front of it, and by making firm pressure backwards, a stone was felt in the pelvis. Without removing the finger, the posterior part of the pelvis was scratched through with the director, and, with the help of a pair of ring dressing-forceps, the stone was extracted. The bleeding was insignificant. The wound was svringed out with the mercuric solution, and a full-size drainage-tube was introduced down to the level of the rent of the pelvis, and deep sutures closed the chief part of the surface-wound, which was then dressed with a large pad of wood-wool.

With the exception of the track of the drainage-tube, the wound healed entirely by first intention. The tube was made gradually smaller, the washings and dressings being continued daily, as on the occasion of the operation. For a few days there was a little blood in the urine, and from time to time urine issued through the drainage-tube. From the day of the operation, the man became free from pain. At first, he was kept well under the influence of morphine; and later on he was prescribed tincture of iron, and with manifest advantage. He grew fat and well-looking, and some color appeared in his cheeks. He was sent home convalescent on July 30.

**Temperature.**—The day after the operation, the temperature was 101.2° Fahr., but after that day it did not again reach 100° until June 22, when for some reason it went up to 102.4° Fahr. There was some tenderness about the site of the small drainage-tube (which was still worn), but, after the application of some leeches, the chart was again normal.

The calculus, which was about the size and shape of the "ace of hearts," was irregularly studded with short spines. It weighed forty-eight grains.

Dr. Rice reports, under date September 29, that the man is quite well, that the sinus has completely healed, that he has grown fat, is free from pain, and has gone to work.

#### Treatment of Cholera by Hypodermoclysis and Enteroclysis.

The *Lancet*, October 3, says:

Literally translating Prof. Cantani's words: "The practical results of enteroclysis in cholera were even more splendid than those of hypodermoclysis." The former method consists in repeatedly injecting large quantities (from one to two quarts) of astringent solutions, usually of tannin, into the lower bowel, with sufficient force to overcome the ileo-cæcal valve and irrigate the small intestine. The solution varies in strength from 1 per cent. to two grammes of tannic acid to the pint of water, at a temperature of 39° to 40° C. The author is a firm believer in the comma bacillus. It is to be regretted that, with the large opportunities for clinical study supplied by the terrible epidemic of cholera at Naples in 1884, Prof. Cantani's statistics are not larger and more exact. He is fully conscious of these imperfections, and pleads in extenuation that his request for separate hospital wards was not acceded to. The Italian authorities have now to cope with another epidemic of cholera in Sicily; and it will be interesting to know what judgment Cantani's countrymen pronounce on abortive and physico-chemical treatment of cholera, by copious tannin injections per rectum and warm saline hypodermoclysis. The rationale of these therapeutic methods, according to the author, may be deduced from a study of the causes of death by cholera. The disease, he considers, has two marked stages—the first of infection, the second of intoxication. He adds that in the fatal progress of the disease the most striking fact is the slowing, and final arrest, of the circulation, by progressive paralysis of the heart. One of the most obvious causes of the slowing of the circulation is, in ordinary cases, the progressive thickening of the blood, in consequence of the great losses of water by diarrhoea and vomit. This thickening of the blood disturbs the nutrition of the whole organism; new food is not taken up; excrementitious products are retained; nervous excitability and cardiac contractility are impaired. At the commencement, the heart struggles, by more frequent contractions, to overcome the obstacle; but eventually it fails, and the blood stagnates at the periphery, causing cyanosis and fall of temperature. The stasis increases from the periphery to the centre, and the block finally results in stoppage of the heart. Against this cause of fatal cardiac paralysis, the

Neapolitan professor considers the only rational resource is the restoration to the blood of the lost water; and, as the best and safest plan to fulfil that indication, he advocates warm saline alkaline hypodermoclysis. He attaches great importance to the development of ptomaines in the intestinal tract, and considers that the poisonous process is efficiently checked by copious injection into the intestine of astringent and antiseptic solutions. This theory is elaborated in the memoir published in *Il Morgagni* with much erudition; but, for the present, judgment must be suspended. *Observationes perpendendæ non numerandæ* was the motto of the great pathologist after whom the periodical is named, in which Prof. Cantani's memoir is published. The first consideration is undoubtedly that the individual cases should be thoroughly investigated; but, in a disease which attacks so many individuals as Asiatic cholera does during an epidemic, opportunities abound for numerous, as well as accurate, observations. A study of the pathological and therapeutic questions involved, by the analytical and numerical methods combined (*observationes perpendendæ et numerandæ*), could not fail to be productive of results of the highest scientific interest and practical importance.

#### Hydronephrosis and Pyonephritis.

Before the Brighton and Sussex Medico-Chirurgical Society, October 1, 1885, Dr. J. H. Ross read notes of a case of hydronephrosis of the right kidney and pyonephritis of the left, occurring in a man aged twenty-nine, of delicate constitution. He applied for advice in November, 1881, complaining of hourly calls to urinate day and night; there was tenderness over the bladder, no pain in the back or rise of temperature. There was pus in the urine; no stone in the bladder. Warm baths and morphine-suppositories were prescribed, but the latter were not tolerated. Under general treatment, his health improved, but pus remained always in the urine.

In June, 1885, he went to sleep on grass in a cold wind, and got rigors the same evening, with pyrexia. On examination, a tumor could be detected in the right hypochondrium, about the size and shape of a cocoa-nut, soft and fluctuating. It seemed to come from behind the liver. Its exact relation with that organ could not be made out, but a distended gall-bladder seemed a possible diagnosis. From this time, the temperature continued febrile, and rigors occurred about every twenty-four hours. The tumor increased till it occupied the whole of the right side of the abdomen, sometimes being more tense than others.

On August 12, after consultation with Dr. Rutter and Mr. Couling, the tumor was aspirated, and forty-two ounces of apparently normal urine drawn off, acid in reaction, and of specific gravity 1006. The patient slept better that night than for many months, and passed no urine, nor felt need for doing so; but he passed a quantity of purulent fluid, tinged with blood, at one evacuation from the bladder. Next morning, the cyst was as large and tense as before the operation; there was no tenderness over the left kidney. From this time, he passed much pus, mixed with urine. Vomiting set in, and he died on August 19.

**Post-mortem.**—The large sac on the right was crossed by the transverse colon. It was full of fluid, as above described, and contained upwards of thirty calculi; one, of trefoil-shape, weighed fifty grains, and was suspended in the ureter; they were of oxalate of lime, coated with phosphates. The sac seemed only a membrane, with a little renal substance in its upper part. The left kidney was enlarged to three times its normal size, and contained much creamy pus, and was broken down in parts. There was no stone in it, or in the ureters or bladder, the mucous coats of which were thickened.

Dr. Ross considered it probable that the calculus of the right kidney had existed several years, but the main trouble was in the left, when chronic serofulous inflammation had been led to take an acute form by the chill in June. The explanation of no urine passing for twenty-four hours was probably that the cyst had to be filled before any passed into the bladder, and the stone blocked the passage. The absence of lumbar pain and of uræmia was remarkable.

Dr. Uthoff thought that aspiration had rather hastened the fatal termination by interfering with the one kidney which was working.

Mr. Verrall suggested that draining the sac might have been advantageous.

#### Case of an Octogenarian upon Whom Herniotomy was Twice Successfully Performed.

Dr. Thomas F. Chavasse thus writes in the *Lancet*, October 24:

The recuperative powers possessed by some persons advanced in years is exemplified by the following case:

Ann S., aged eighty-two, a widow and washerwoman, was admitted into the General Hospital, Birmingham, on August 17, 1884, suffering from left strangulated femoral hernia. In the previous April she had been operated upon by my colleague, Mr. Pemberton, for a similar condition, and after a sojourn of eight weeks, left the hospital wearing a truss. From that time up to the morning of the day of her second admission, the woman had felt no inconvenience. The hernia then came down while straining at stool, and could not be returned by her own or her neighbors' efforts. At midday vomiting commenced, and at five o'clock in the afternoon she was brought to the hospital. Two hours later I found that the hernia was tense, irreducible, and devoid of impulse; the vomiting was constant but not fecal. Herniotomy was performed under chloroform, the skin incision being made a little internal to the old cicatrix. The sac was remarkably thin, and the intestine that presented itself was absolutely black. A very tight constriction existed at Gimbernat's ligament; this was divided, and at the same time I also nicked Poupart's ligament. Reduction could then be readily effected. Being very doubtful of the advisability of returning into the abdominal cavity a portion of gut so very black, I decided to place it just inside the ring, and to insert a large drainage-tube; this was done and the parts well washed with warm corrosive sublimate lotion (1 to 2000). The operation was performed on the bed in which the patient lay, and she was well wrapped up in blankets during its performance.

August 18th. The patient vomited three times during the night, but the ejecta were not stercoraceous. The wound was dressed and the tube shortened. A grain of opium was administered occasionally, as a good deal of abdominal pain was complained of. The highest temperature and pulse records took place in the evening, viz., 105° and 98.

19th. Flatus was passed for the first time since the operation, and the drainage-tube was removed altogether.

21st. The bowels were opened of their own accord, and the external wound was nearly healed.

September 1st. Patient able to get up, wearing an opposite-sided truss.

A year after the operation the woman presented herself for examination at my out-patient room, owing to the truss needing repairs. It was then found that the hernial protrusion was the size of a clenched fist, that it was readily reducible, and gave rise to no inconvenience when kept back by a truss. The patient obtains her livelihood as a charwoman, and wishes that she was younger, in order that she could do more work and get more money.

#### The Treatment of Chorea.

To the Harveian Society of London (October 15), Dr. W. B. Cheadle, after referring to the failure of innumerable specifics, and to the skepticism too widely engendered therefrom, declared his own belief in the value of medicinal treatment. Speaking from the careful notes of 160 cases observed during a period of eight years, he stated that the average duration of the disease, under treatment, had been five weeks (the extremes being ten weeks and four days); whereas cases without treatment might extend from eleven to fifty-two weeks, or indefinitely. The author had tried various methods, including rest and expectancy, with results sometimes beneficial, but never completely successful. In arsenic, he had at last found an agent which did succeed. Todd, as long as forty years ago, had recognized its power; so had Babington and Begbie; but dread of the poison had checked their use of the remedy. Dr. Cheadle proceeded to narrate some striking cases of rapid improvement under the influence of ordinary doses of liquor arsenicalis, with small doses of tincture of perchloride of iron. A comparison of long series of cases treated without arsenic and with arsenic respectively, gave for the former an average duration of forty days, for the latter, twenty-nine days; and this difference was increased when the last fifty-eight cases were compared with fifty-eight consecutive cases in the former series, the average duration under arsenic being only twenty-four days. Arsenic was in every case well borne, excepting a remarkable result repeatedly observed by the author, but not hitherto described by others; namely, a bronzing of the skin analogous to that observed in Addison's disease. The staining was most marked in the flexures, did not affect the face, and ultimately disappeared. In one case, however, it had become permanent, but would probably vanish in time. The pigment deposited was not metallic, as in discoloration by silver, but resembled the pigmentation due to chronic congestion. In conclu-

sion, whilst advocating arsenic in chorea, the author did not wish to depreciate the value of other therapeutic agents, which should be employed concurrently.

#### **Congenital Dislocation and Fracture of the Atlas.**

After relating two cases in the *Lancet* (October 24), Dr. William Allen thus summarizes:

1. The injury may be suspected to be present if an exaggerated degree of extension of the head is permitted (as in Guérin's case, and in my two infant specimens), and more especially if forcible extension of the head, or pressure on it from above, induces a species of epileptic fits (as in Kussmaul's case, and also in McVail's).

2. Probably the fits are due to pressure on the cord at the level of the juncture of the head and spine. At any rate, examination of dissected specimens shows that when the condition of the parts permits the head to be bent backwards on the spine more than normally, the osseous and ligamentous structures produce a "dimpling in" of the meninges behind, sufficient to produce considerable narrowing of the canal at this level.

3. Anatomical defect of the atlas, or slenderness of its posterior arch, predisposes to the injury.

4. The fracture-dislocation is produced by the posteriorly diverging occipital condyles being driven wedge-like between the atlantal lateral masses. This wedge-like action of the combined condyles stretches out the long axis of the oval ring of the atlas, and tends to produce rupture between its lateral halves; but the transverse ligament keeps the strain off the anterior arch, so that only the posterior arch gives way (constituting the fracture), and then the wedge-like action of the condyles, continuing, forces the back ends of the lateral masses outwards from between the occiput and the axis. Thus the production of dislocation closely follows the fracturing of the arch.

5. At birth the injury is most liable to be produced. Uterine contractions acting during parturition on an extended head (as in face presentations) presents mechanical arrangements from which such a result is highly probable.

#### **Hydrops Vesicæ Felleæ; Pyloric Obstruction; Aspiration of Gall-Bladder; Relief of Symptoms.**

Dr. J. M. Clarke thus writes in the *Lancet*, October 3:

Mrs. B., an old lady of healthy habit of body, aged 67, a moderate drinker of alcoholic stimulants, with a history of cancer in the family, developed symptoms of jaundice, accompanied by enlargement of the liver, the latter being of a somewhat nodulated character, situated in the region of the lower hepatic border. This fact, together with the history of the case, the resistance of the uterus to treatment by saline purgatives, podophyllum, calomel, and blue pill, led to the surmise that (considering the age of the patient) we had to deal with a tumor or tumors of a cancerous nature; and in the absence of symptoms, after the jaundice had persisted for three to four months, treatment consisted simply in keeping the bowels open by means of saline purgatives.

About this time a pyriform new growth of a fluctuant character was noticed in the region of the gall-bladder, and projecting below the lower border of the liver. This increased slowly, but perceptibly, until it attained the size of a goose's egg, when symptoms of pyloric obstruction with vomiting were added to the patient's troubles. The diagnosis of the secondary tumor was hydrops vesicæ felleæ, caused by occlusion of the common bile-duct by pressure of the primary new growth; and on this diagnosis a preliminary investigation was made by a puncture with a hypodermic syringe, and the tumor was found to be of a fluid character, and this fluid to answer to the chemical reactions for bile-acids and pigments. On aspiration, about fourteen ounces of a yellow, tenacious, translucent fluid were withdrawn, and the symptoms of pyloric obstruction disappeared, as did also the vomiting. The lady some little time after this died from biliary toxæmia; but as the friends objected to an autopsy, no verification of the diagnosis of carcinoma hepatis could be made.

#### **Modified Form of Typhoid Fever.**

After describing an epidemic of a modified form of typhoid fever that occurred in Victoria, B. C., Dr. G. L. Milne thus concludes his article in the *Canadian Practitioner* for October:

1. The peculiar mode of attack in this epidemic, the temperature being the highest on the second or third day of fever, and beginning to decline about the tenth day, with mild enteric symptoms and low mortality.

2. Although the sanitary condition of the city was unfavorable, the typhoid poison did not seem to cause a virulent form of typhoid fever.

3. The epidemic referred to was similar to the continued malaria of some writers who live in malarial districts; but as for this city and district, the presence of malaria must be dispelled.

4. That the so-called typho-malarial and continued malarial fevers are misnomers, as in the presence of the typhoid poison malaria ceases to exist, and the continued malaria of some writers are no doubt cases of modified typhoid fever, as quinia, even in large doses, has no control over the fever, nor does it seem to check its progress.

5. That epidemics of modified typhoid fever occur in all parts of the continent—the Atlantic coast and Middle States—where malaria exists, and also on the Pacific coast where malaria is unknown. Taking the subject in a topographical and geographical point of view, the study of typhoid fever in a modified form is of the utmost importance, especially as to treatment.

6. That the treatment of all continued fevers should be conducted as if true typhoid existed, no matter how modified the symptoms may appear. The death-rate under these circumstances would be very much reduced.

—A medical man in England recently objected to taking the judicial oath in the ordinary form, to wit, by kissing the Testament, on the score of uncleanness and risk of infection. The judge refused to entertain this as a "conscientious objection" within the meaning of the act. The witness at length complied under protest.



THE  
**Medical and Surgical Reporter,**  
 A WEEKLY JOURNAL,  
 ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,  
 JOSEPH F. EDWARDS, M. D., } EDITORS.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year.	\$5.00
Quarterly Compendium of Med. Science, -	2.50
Reporter and Compendium, - - -	6.00
Physician's Daily Pocket Record, - - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	7.00

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M. D.,  
 115 South Seventh Street,  
 PHILADELPHIA, PA.

THE  
**QUARTERLY COMPENDIUM**  
 OF  
**MEDICAL SCIENCE.**

The attention of our readers is especially called at this season to the **QUARTERLY COMPENDIUM**, which we publish.

It is, in fact, a supplement to the **REPORTER**, being made up of articles which have not appeared in the weekly, but yet are of value and interest to the physician.

It contains about 150 pages of reading matter in each number, and the whole four numbers, embracing 600 pages of choice material, will be sent to paid-up subscribers to the **REPORTER** for the very moderate price of

**ONE DOLLAR,**

in advance, for the year.

Address DR. D. G. BRINTON,  
 115 South Seventh Street,  
 PHILADELPHIA.

**CURE OF CARBUNCLE WITHOUT THE KNIFE.**

A deep incision, early made, has heretofore been considered the safest procedure in cases of carbuncle. Bulkley (*Deutsch Am. Apoth. Zeit.*, October 1, 1885,) discards the knife, as well as all hot applications. He recommends to cover the carbuncle with a piece of patent lint, which must remain on the skin all the time, and upon whose woolly side the following ergotin ointment should be spread:

R. Extract ergotæ,	3ij.
Zinci oxid.,	3j.
Unguent simpl.,	ad. 3j. M.

Should, on account of the heat of the inflamed parts, this salve prove too thin, not solid enough, a little white wax or Hebra's ointment may be added to it. Whenever necessary, the lint with the salve has to be removed, care being taken not to expose the carbuncle the least to the action of the air. Attention is to be paid to a nourishing diet and to rest of the part. Stimulants are to be discarded, but internally B. recommends laxatives and narcotics as needed; sulphur-calcium, one-sixth to one-fourth of a grain every two hours; and a mixture of magnesia, iron, and diluted sulphuric acid, to be administered three times daily, immediately after meals.

This treatment is said to shorten greatly the course of the disease, to do away with nearly all pain, and to leave behind but a very small cicatrix, besides making all surgical interference and rest in bed superfluous.

For years we have been in the habit of treating carbuncle in a different manner, which, however, has invariably given us the best results, it being applicable only to recent cases, i. e., such as come early under the observation of the physician.

As soon as the initial induration announces the beginning formation of a carbuncle, from two to ten European leeches (their number depending upon the size of the carbuncle, the intensity of the inflammation, and the age and general condition of the patient,) are at once applied to the indurated and reddened skin. Should it be impossible to procure leeches in time, then the antiphlogistic touch is thoroughly practiced—by which



is meant scarifying the parts with the point of a sharp and thin blade. Immediately after, the tincture of iodine is liberally applied every three or four hours, and the part covered with absorbent cotton. Frequently the formation of pus is thus totally avoided, or should it nevertheless occur, limited to a very small quantity. As soon as the symptoms indicate the threatening presence of pus, one small but deep incision is made, and poultices, sprinkled over with Goulard's extract, then take the place of the dry cotton. As soon as the pus appears upon the surface, a two per cent. solution of carbolic acid and water is injected every five hours into the opening, and unguent. zinci benzoatis, also containing two grains of carbolic acid to every one hundred grains of salve (or about nine to ten grains to the ounce),<sup>3</sup> applied locally.

Under this treatment the carbuncle either disappears by the fifth or sixth day, or if pus forms, by the ninth or tenth day, without having given rise to any great constitutional disturbance. Internal tonic treatment is resorted to only if the debility of the patient should indicate its employment.

#### ACCIDENTS DURING COITION.

Dr. Zeiss, of Erfurth, in the *Gynäkol Centralblatt*, No. 8, p. 113, 1885, reports as follows:

The first case was a dangerous hemorrhage after rupture of the hymen. There occurred on the first night after the wedding, and in consequence of connection with her husband, hemorrhage from the genitalia. This could not be stopped by means of ablutions and cold applications.

When the author was called, on the afternoon of the next day, he found the hemorrhage still continuing; the patient had fainted away, pulse almost absent, cold sweat covered the whole body. The patient was literally white as a sheet, and all was covered with blood. Clots of blood lay between the thighs, which it was found necessary first to remove before the author could make a digital examination. He found the hymen perforated, and the vagina and uterus in a virgin state. The hymen showed two tears; of these,

the deeper was the source of the hemorrhage. From the ruptured vessels, which were easily observed, the blood flowed in a slow, but regular manner. As digital compression on the bones did not permanently stop the hemorrhage, a suture was applied. The patient improved slowly under the strengthening remedies which were used. On the third day the suture was removed, and no trouble followed. The hemorrhagic tendency was not present in the patient, and in her entire family there was no bleeder.

The second case was one in which occurred a rupture of the vaginal vault. The patient was a strongly-built married woman, æt. 25, who three years before had given birth to her first child, which was a normal labor. Six weeks previously she had been delivered by means of the forceps, but with no great trouble, and no notable hemorrhage. The course of the puerperal period was normal, and the patient already on the ninth day left her bed and attended to her household duties. About this time connection took place, which was done à la vache (after the manner of cattle). The woman suddenly complained of a terrible pain, and a strong stream of blood poured out from the genitals. A physician was called, on whose recommendation cold and disinfecting injections were made, which checked the hemorrhage. On the next morning the author found a fresh tear in the vault of the vagina  $1\frac{3}{4}$  inches in length. Iodoform was applied, and the vagina was plugged with iodoform gauze. Recovery followed without reaction, from the start.

#### THE CLUB SYSTEM OF MEDICAL ATTENDANCE.

The statement is made in an exchange that a club of 4800 members, in Berlin, recently advertised for six medical officers to attend them at a salary of \$375 per annum each. This would make the contribution from each member of the club about seventy-five cents a year for medical attendance. More than four hundred doctors applied for the places.

Such facts as these speak loudly of the peculiar difficulties which environ the young aspirant in

the medical profession, both in Germany and elsewhere. In that country the number of practitioners is less in proportion to the whole population than with us, and therefore the competition is to that degree less active; but that it is active enough, will appear indubitable from the incident related.

The plan of club treatment is, we believe, open to serious objections, particularly when it is let out to the lowest bidder. The man whose time and skill are offered notably below that of his associates in the same trade or profession, is sure to be one who gauges his own ability at its proper value—as worth less than that of others.

In this country, the club system is not so popular as in Europe or Great Britain, and if ever introduced to any great extent, the choice of medical attendants should be by selection, and a fair remuneration should be tendered. In no other way will the plan prove satisfactory to those who place their own lives and those of their wives and children in the hands of the practitioner.

#### CYCLIC ALBUMINURIA.

It is of the utmost importance that we should all be thoroughly familiar with the fact that albumen in the urine does not invariably mean "Bright's disease." We have already referred to this subject on more than one occasion, but we deem the subject of sufficient importance to warrant still further comment, that we may the more forcibly impress this all-important truth upon the minds of our readers.

We have recorded the opinions of observers that albumen is not infrequently present in the urine of persons who are, to all intents and purposes, perfectly healthy, and who have no vestige of kidney disease.

Dr. F. W. Pavy calls attention again to this subject in an admirable paper in the *Brit. Med. Jour.*, October 24, 1885, and he denominates the condition *cyclic albuminuria*. In the early morning, the urine is free from albumen; albumen then shows itself, it may be at 9, 10, or 11 a. m., or not till the early part of the afternoon. After

reaching its maximum it declines, and often by the evening has disappeared. It is rare to find that it has not disappeared by bed-time. The period of diurnal appearance is, without too closely limiting it, pretty uniform for each case; some days the amount may be observed to fall, and then rise again; also there may be considerable variation in the amount of albumen observed upon different days. The condition noticed may go on, not only for weeks and months, but even for years. It is not accompanied by any impairment of health, and there are none of the ordinary constitutional indications of the existence of Bright's disease present.

As to the causation of this condition it is not of any practical use for us to inquire, since it possesses no pathological significance. Taken in connection with microscopical and general symptoms, albumen is a sign of Bright's disease, but taken singly it is of no import. The extreme value of this distinction cannot be overestimated in its bearing upon the diagnosis of this most terrible disease, and we are pleased to note that in commenting upon Dr. Pavy's paper, Dr. J. Milner Fothergill said that every medical man possessed of common sense would be glad to hear any man who was willing to lay the axe to the root of that demoralizing superstition, that albuminuria necessarily involved disease of the kidneys.

#### NOTES AND COMMENTS.

##### Effect of Lightning on a Paralyzed Woman.

Dr. Kunze, of Halle, reports the case of Mrs. Winter, a farmer's wife at Laarch, 48 years old, strong, robust, of lively temperament, who has borne twelve children. Hitherto always healthy, she was, early in May, attacked with phlebitis in the right leg. By the 20th of the same month, Mrs. W. had so far recovered as to be able, with an elastic bandage around her leg, to fulfill her domestic duties. On the 24th, while at dinner, she was seized with an apoplectic fit, with loss of speech and paralysis of the right side of the face, the right arm and leg. When the doctor came, she complained of pains in her head, her face was strongly flushed, and the whole right side of the body was paralyzed. The

only words she could distinctly pronounce were, "Ja, nein, du."

Up to the 8th of June no improvement had taken place in speaking, and the right arm could only be lifted with the aid of the left. The right leg showed an improvement, in so far as with the assistance of her son the patient was able to walk, thus passing a few hours of the day on the sofa.

On the 8th of June, at 6 p. m., while the patient was sitting on the sofa in the parlor, a heavy thunder-storm had come up, a flash of lightning entered the house, striking Mrs. W. on the paralyzed side, producing a reddening of the skin and a burning, stinging sensation in the right shoulder and right side. Twenty-four hours later, when the patient had recovered from the terror she had experienced, she could lift her right arm, unaided to the height of her head. Besides ja and nein, she was able clearly to pronounce the name of her son Edmund, papa, rheumatismus, and several other words. During the course of the next week the patient improved rapidly, and on the 18th she could go about alone, and raise her arm to its full height. But since the last fortnight the improvement has not been very considerable, and the patient is now being electrified twice a day.

#### Dr. Parvin's Treatment of Hysteria.

In the course of a discussion on this subject before the Philadelphia County Medical Society (*Polyclinic*), Dr. Parvin said:

"Three things seem to me to be of first importance in the treatment of hysteria. First, a reasonable amount of sympathy for the patient, but by no means an excess of it. If you treat her disorder as trivial, or say she is shamming, she will not trust you. Second, you must have her confidence; and third, secure her implicit obedience. I quite agree with Dr. Wood as to the importance of rousing up or strengthening her will. In the majority of cases of hysteria that have come under my observation, no matter whether it be the essential nature of the disease or not, there has been a marked failure of will power. As to particular means of cure, anything that makes a profound impression upon the moral or upon the physical nature, will in many cases be beneficial. I remember hearing Dr. Garrod, in his lectures at King's College, say that medicines were valuable in the treatment of hysteria directly in proportion to their disagreeable character; the more offensive in odor the better.

"I have had no experience in oöphorectomy as

a remedy for hysteria, but I saw two of the cases which have been referred to in the paper, or in the discussion, and I believe the operation was without benefit. Again, the one thing that stands out prominently in the treatment of hysteria is to evoke the power of will. Yet there are cases where the will cannot relieve certain symptoms of the disorder. For example, there may be retention of urine, where the will cannot, but the catheter must, give relief. While giving attention to these minor matters, let the patient be encouraged to help herself in all things, to seek and secure perfect self-control; and during the process of thus educating and strengthening her own will, the will of the medical attendant is a temporary support, a crutch upon which she leans until she can walk alone."

#### Sugar in Exhaustion.

When a patient dies from exhaustion, from what does he die? is the question asked by Dr. J. Milner Fothergill, in the *Brit. Med. Jour.*, September 5, and he answers it that "Starvation is a slow form of burning up." The patient is hungering to death; he is dying of starvation. Such patients are fed on beef-tea, calves'-foot jelly, alcohol, milk, etc., none of which contain sufficient carbohydrates, which is the article that is called for.

"I do not desire to speak disrespectfully of beef-tea," says Dr. F., "nor yet of the motives of those who carefully prepare it, believing it to be a mighty force. I only maintain that to feed—no, that is not the appropriate word—to give a patient beef-tea as food, is to give him a stone when he asks for bread. What that beef-tea needs is grape-sugar. How can this be added? In all our prepared foods, known generically as "baby food," starch has been converted into the soluble dextrine, or maltose; the one grape-sugar, the other only requiring a touch of saliva to complete its conversion. Add some of this material to the beef-tea, and then food is supplied to the famishing system. Starch that has long been exposed to heat (either by the baking process or the mashing process) is converted, more or less completely, into grape-sugar. The saliva of a sick person is enfeebled—but on this matter we have only broad impressions, and more precise information is desirable—and so carbo-hydrates should be provided which do not require insalivation for their solution, being already soluble. Such carbo-hydrates are now to hand, as may be seen in the museum. There are to be seen malt-extracts containing not only soluble carbo-hydrates, but also some soluble albuminoids, and phosphatic salts, ground malt of

like composition, also grape-sugar. The latter is not too sweet to pall upon the palate when added to beef-tea, or other meat-broth."

#### The Effects of Cocaine on the Stomach.

From an interesting article on cocaine by Dr. J. K. Bauduy (*N. Y. Med. Jour.*, Sept. 26), we take the following:

"After the exhibition of a dose of cocaine to one unaccustomed to it, intense and persistent nausea generally manifests itself. So certainly is this a fact that it is necessary to administer it several hours before a meal is taken; otherwise the anorexia which follows, along with the nausea, will prevent the taking of nourishment. This fact is to be especially remembered in the treatment of melancholia. If this is not remembered, it will, of course, greatly militate against the result to be attained, since systematic feeding holds an important place in the treatment of this condition.

"One of the most striking and, at the same time, interesting effects of cocaine upon this organ, from a therapeutic standpoint, is that vomiting is not possible, however intense the nausea may be. This is due either to a paralysis of the gastric motor-nerve supply, which seems to be almost *sui generis*, or to a selective anæsthetic effect. Although the appetite is abolished, there is no interference with the digestion of food taken, in spite of the anorexia.

"From this and analogous cases I concluded that cocaine should be ranked among the most efficient of anti-emetic remedies."

#### Rupture of Muscle,

Dr. A. Ford thus writes to the *Med. Age*, September 25, 1885:

"On the 7th of July I started to run, ran about two rods, when I heard a snap, and felt something in the calf of my leg give way, and I fell. Got up and fell again, and had to be carried to the house. When I got there, the calf of my leg was very much swollen.

"*Diagnosis.*—The flexor longus digitorum had given way at its origin.

"After about four days the inside of my ankle and foot had become very black from extravasation of blood. The leg was very painful for a time, and for four weeks I hobbled about on crutches, without being able to set my foot on the floor. At the end of five weeks, I threw away my crutches, and to-day (a week later) I can walk quite well, though the leg is somewhat swollen, and it is quite painful.

"Treatment was wholly expectant. I am fifty-five years old, and have been in the habit of running a good deal. Not quite a year ago I was called to see a man, about my own age, who, while attempting to pull off his boots (without a jack), was taken with what he called a cramp in the calf of his leg. I think one of the muscles had given way. He could not walk for weeks, and is somewhat lame yet. I could not tell what muscle it was as well as I could in my own case."

#### How to Relieve Asthma.

Dr. Q. C. Smith thus writes to *Gaillard's Medical Journal* for August, 1885:

To relieve those desperate paroxysms of asthma that threaten life every moment until relieved, I am accustomed to administer hypodermically the following:

R. Mur. pilocarpine,  
Apomorphie,                      ãã gr.  $\frac{1}{2}$ .

The patient will quickly sweat profusely, breathe easier, and obtain sleep within ten minutes.

To establish the work thus begun, proper constitutional treatment should be promptly instituted and perseveringly carried out in every case, for weeks at least.

For many cases the following is a favorite combination with us as a constitutional remedy:

R. Iodide of sodium,                      3j.  
Fl. ext. grindelia robusta,  
Tinct. aloes,  
Syr. ipecac,                      ãã f $\frac{1}{2}$ ij.  
Fowler's solution,                      f $\frac{1}{2}$ ss.  
Fl. ext. belladonna,                      gtt. iv.  
Syr. lactucarium (Anbergiers),                      q. s. ft.  $\frac{3}{4}$ ij. M.

Ft. sol. S.—Teaspoonful every three hours for one day, then three times a day just after meals, for from three to six weeks.

Of course, complications should be duly looked after, and treated *secundum artem*.

#### Rheumatic Hyperpyrexia.

Dr. Robert L. Wood very truly says, in the *Kansas City Medical Record* for August, that one of the most formidable, but fortunately one of the rarest, afflictions we can be called to treat, is that peculiar condition of rheumatism in which the temperature rises to the height of from 106° to 110° F., or even higher. After relating the histories of five cases, he concludes by saying that our knowledge of the hyperpyrexia of rheumatism may be summarized as follows:

1. It may occur in any acute or subacute case,

whether complicated or not with cardiac mischief, and at any stage, even when convalescent.

2. No known medicinal treatment is of any avail, every recorded case treated by drugs alone having been fatal.

3. A considerable number of cases have recovered under the use of the cold bath, or cold compresses.

4. In all cases of rheumatism where the temperature goes to 105° or 106°, especially with the slightest delirium or confusion of intellect, the cold bath, or the assiduous application of cold compresses, should be at once resorted to.

#### Vesical Irritability.

Dr. E. Erich, of the Maryland Woman's Hospital, tells us (*Med. Times*) that many of the patients applying for relief at the out-door department of the hospital complain of vesical irritability, frequency of micturition, with burning pain at the meatus and much straining. In a large proportion of these cases the urine is alkaline and frequently cloudy. These symptoms are usually quickly relieved by the following combination:

R. Acidi benzoici,	5j.	
Sodii baboratis,	5iss.	
Aque,	15vj.	M.

S.—Tablespoonful every three to four hours.

If the trouble does not yield to this medicine, Dover's powder in three-grain doses every two to three hours is frequently found effective.

As a tonic in the anæmic condition so often attendant upon the pelvic troubles of women, the following pill is given:

R. Quinæ sulphat.,	gr. xlvij.	
Ferri sulphat. exsic.,	gr. xxiv.	
Strychniæ sulphat.,	gr. i.	M.

Ft. pil. xxiv.  
S.—One after each meal.

#### Treatment of the Nervous Complications of Typhoid Fever.

These complications, that may so worry and exhaust the patient as to give a fatal result to an ordinarily mild case, should be carefully treated. Dr. G. T. McKeough tells us in the *Canada Lancet* for October that the headache and delirium of the first week may be alleviated by cold applications, the menthol point, cutting the hair, or if very distressing, the use of the bromides and chloral hydrate. Insomnia and its resultants—typhomania and coma vigil—may often be prevented by controlling the temperature from the first; but if these symptoms should supervene, alcohol, hydrate of chloral or opium may be required, for a

fair amount of sleep must be secured in all cases. Alcohol we use only when failure of heart is threatened or to increase nerve energy, as indicated by tremor or delirium. And in those cases where the surface of the body is pale, the tongue dry and brown, with sordes, alcohol by paralyzing the vaso-motor system in the periphery of the body overcomes this condition, relieves pressure in the internal organs, and does great good thereby. Frequent examinations of the urine and lungs are important, as albuminuria and pneumonia, which sometimes complicate typhoid fever, might be overlooked at their invasion, unless searched for.

#### Expulsion of the Fœtus in Arm Presentations.

The spontaneous expulsion in this position is sufficiently rare to warrant the reproduction of the case which Dr. Herbert Thompson reports in the *Brit. Med. Jour.*, October 24. He was called to Mrs. N., in labor with her fourth child. The water had broken three days previously. On examination, he was unable to decide the nature of the presentation, but could tell that it was neither head nor nates. On examination again, he found the arm hanging out of the vagina up to the shoulder, with very strong expulsive pains. He tried to introduce his hand to reach the feet, but the expulsive efforts were so great that he was obliged to desist. He sent for chloroform, but the messenger had scarcely left the room when the patient said the child was coming. On looking, he saw to his surprise the nates coming down by the side of the arm. Another expulsive pain, and the legs appeared, the case being now resolved into one of ordinary breech-presentation. The head was easily disengaged, and a dead but in no way decomposed child was born, although the mother maintained that she had gone to her full time. The child was very small, which probably accounted for the ease with which it went through its acrobatic performance.

#### Gelsemium in Neuralgia.

Dr. Robert Reilly tells us in the *London Medical Times*, September 10, that he had recently under treatment a patient who suffered frequently from severe attacks of facial neuralgia. He prescribed in turn croton chloral, chloride of ammonium, so strongly recommended by the late Sir Thomas Watson, tincture of aconite, also tonga and other such remedies, but without any permanent effect. He remembered, however, having read an interesting and very instructive article in the *Lancet*, by Dr. Spencer Thomson, of Torquay, on the Use



of Gelsemium in Neuralgia, and he immediately ordered his patient  $\text{mxx.}$  of the tincture every two hours. A few doses gave complete relief. The patient was subsequently placed under a course of quinine and iron, and seems now permanently cured. The gelsemium may be combined with bromide of ammonium. He has since treated several others on the same plan, and with equally satisfactory results.

#### Treatment of a Rebellious Corn.

Dr. R. C. Newton, Assistant Surgeon U. S. A., writes from Fort Elliott, Texas, to the *Med. Record*, November 7, concerning a soldier, thirty-three years of age, who was suffering from a large callosity, caused by a splinter which he had run into the sole of his foot two years ago. The callosity resembled an ordinary corn, but was as large around as a quarter of a dollar, and gave but little pain, except when the man walked about. The corn was vigorously treated by excision, poulticing, scraping, salicylic acid, cannabis indica, collodium, etc., but without avail, for each time that it was removed it grew again with commendable persistency. Anti-syphilitic treatment was also tried without success. Finally Dr. Newton had resort to liquor potassæ, as recommended by Erichsen for callosities, and, after making applications twice a day with this substance, for a period of four months, was rewarded by seeing his patient cured and returned to duty.

#### New Testicles.

It is of exceedingly great importance to know whether, when a testicle has been removed for disease, it will be reproduced. So far as we know, the weight of clinical evidence is negative; but if we can reason from analogy in the case of the frog, it would seem to be otherwise. Dr. L. Grifflin, who reports, in the *Gaz. degli Ospitali*, No. 68, 1885, some experiments on frogs, concludes that a partial reproduction does take place in these animals. This operation is so comparatively rarely performed in man that reliable facts are difficult to procure, but we set forth, as an interesting question for observation, this problem in reproduction. *Have you ever seen it?*

#### Researches on Yellow Fever.

An English exchange tells us that Dr. Castillo, after vainly endeavoring to find Freire's micro-organism, took two drops of blood from the body of one of his patients who had succumbed to the

disease, mixed them with ten drops of distilled water, and injected the mixture under the skin of a rabbit. The contents of the stomach and of the bladder were then used for the same purpose on two other animals. The rabbit injected with the contents of the stomach died after 24 hours. Post-mortem, the liver was found discolored, and the bladder empty; the stomach had partly disappeared, as if the tissue had been dissolved. The lesions presented a striking resemblance to those produced by phosphorus. The walls of the stomach contained a large quantity of uric and phosphoric acid. The other two rabbits did not seem much affected by the operation.

#### A Peculiar Effect of Morphia.

No two human beings are identical, and medicine is very far from being an exact science, are two very positive truths. With but few exceptions, we know not what to expect when we give a drug to an individual. Various are the phenomena (unexpected) that we constantly meet, but we venture to say that our readers have never seen necrosis of soft tissue produced by morphia. Yet in the *Sentido Cático en las Cinc. Med.*, 1885, Dr. Sourville reports a case wherein pills of morphia caused ulcerations of the mucous membranes of the mouth and pharynx. When the drug was stopped they disappeared, and upon its resumption they recurred. Unfortunately, the author fails to tell us what the excipient was, for herein, probably, was to be found the cause of the ulceration.

#### Painless Removal of an Ingrowing Toe-nail by Use of Cocaine Muriate.

Dr. A. S. Davis writes to the *Med. Age*, September 25, 1885, that on September 1 a boy applied to him to have an ingrowing toe-nail, of four years' growth, removed. He applied muriate of cocaine, four per cent. solution, by means of a camel's-hair brush, for ten minutes, when a removal of the nail was effected without the slightest sensation of pain. He grasped the nail with strong forceps and twisted it off. Ten days after the operation, the wound is completely healed.

#### Liquor Sodæ Chloratæ in Enteric Fever.

We recently published the statement of Dr. Arthur V. Meigs that no specific treatment would shorten the duration of typhoid fever. That we may have both sides of the question, we note from the *Lancet*, September 19, that Dr. John C. Pearson claims that when the above remedy is

given at the very beginning of the illness, immediately after the chill and before the symptoms are fully developed, it appeared to modify and shorten the disease considerably, the cases lasting only about a fortnight. Niemeyer refers to slight cases, and terms them "abortive." If taken in time, he (Dr. P.) believes every case can be considerably shortened. He uses:

B. Sodæ chloratæ, 3jss.  
Aque, f3vj.  
M. S.—Tablespoonful every three hours.

#### The Treatment of Frost-bitten Fingers and Toes.

Dr. Lapatin, in the Proceedings of the Caucasian Medical Society, advises that fingers and toes which have been slightly frost-bitten, and which subsequently suffer from burning, itching, and pricking sensations, should be painted, at first once and afterwards twice a day, with a mixture of dilute nitric acid and peppermint water in equal proportions. After this application has been made for three or four days, the skin becomes darkened and the epidermis is shed, healthy skin appearing under it. The cure is effected in from ten to fourteen days. The author has found this plan very effectual amongst soldiers, who were unable to wear their boots in consequence of having had frozen feet. They were, in this way, soon rendered capable of returning to duty.

#### Cocaine in Hay Fever.

"What will cure hay fever?" said a physician, whom we recently met on the street. "Give it up," we replied; but added that we had recently seen cocaine highly lauded by several authorities. "So have I," he said, "but it doesn't work." Among other contributions to the subject, we note in the *Cincinnati Lancet and Clinic* that Dr. S. C. Ayres, of Cincinnati, concludes that in the early stages of the disease, and in mild cases, it will prove very grateful and will control the paroxysms, but in the more severe cases it has no effect.

#### An Ointment for Bruises.

Dr. M. S. French, of Philadelphia, writes us that he has found the following ointment to act like magic in controlling the pain and inflammation dependent upon severe bruises; its anæsthetic properties are truly wonderful:

B. Ext. belladonnæ,  
Glycerine,      3â equal parts.

—The *Charleston News and Courier* says that there are two peculiar white children in Newberry county. The one will cry for cod-liver oil, and the other will cry for quinine.

## CORRESPONDENCE.

### Case of a Foreign Body in the Windpipe, with Fatal Results.

Our Berlin correspondent writes as follows:

EDS. MED. AND SURG. REPORTER:—

In the afternoon of October 1, at half past one o'clock, I was hurriedly called to attend the two-and-a-half-years-old child of a school teacher, who was said to have wrongly swallowed something, and was in danger of choking. I found the child in its father's arms, struggling with death; its face was purple, the jaws firmly locked, pulse and breath suspended; in short, the picture of suffocation.

I was informed that the child, who had been perfectly healthy and lively, had been playing after dinner with other children, and had swallowed a bean, which had "gone down the wrong throat."

The case being urgent, and treatment per ore not possible, I ordered a cab to be sent for at once, intending to take the child to the Surgical Clinical Hospital, with a view to tracheotomy. While waiting for the cab, and during the drive to the hospital, I kept up artificial breathing movements, which, probably owing to the altered position of the child's body, and the compression of the thorax, caused so favorable a loosening of the foreign body that the child began to give signs of life, opening its eyes, respiring and crying, and regained consciousness to that extent that, we having in the meantime arrived at the hospital, it was able, obeying the wish of Prof. v. Bergmann, who was present at the time, to show its tongue. With exception of a slight drawing in of the thorax, the breathing was easy, and for the present all danger appeared to be over.

Dr. v. Bergmann, who was considering whether it might not have been a case of compression of the trachea from the œsophagus, related on this occasion how he had once succeeded in saving the life of a man who threatened to die of asphyxia, from compression of the thorax. The man had ejected a piece of veal which had not been swallowed, into his (the doctor's) face.

It was decided that the child remain for a while under observation in the hospital, and by order of Dr. v. Bergmann, it was given a little ol. ricini. For some days I heard nothing more of the case, until on Monday, Nov. 5, in the forenoon towards eleven o'clock, the child's mother came, requesting me to come at once. She informed me that the boy had been discharged from the hospital the evening of the same day on which he had arrived there, as he appeared to be quite out of danger; and indeed the child had since appeared quite well, had slept well, his appetite had been good, only a slight cough had been noticed once in a while, until now, after a more violent fit of coughing, he had been seized in the same way as on the first of the month. His face had turned purple, then he had become unconscious, and now appeared to be dead. The mother had tried by the same manipulations she had observed me undertake to restore the child to life, but unsuccessfully.

To my great regret, I could do nothing this time but certify that the child was really dead,

had been dead for about ten minutes. It was clear that by the child's coughing the bean must have been pushed from its former position, and had either fallen upon the rima glottidis, or possibly had become impacted lower down, and had caused a closing of the larynx or trachea.

Although circumstances would not permit of a post-mortem examination, there can be no doubt that this was not a case of compression of the trachea from the oesophagus; the entire course of the case and the reiterated declarations of the child's older brothers and sisters, with whom it had been playing, that the child had taken a bean into its mouth and swallowed it, are against this theory.

This case illustrates the advisability of not assuming, in similar cases, all danger as past until there is positive evidence of the removal of the foreign body. In my opinion, the fatal result in this case might have been avoided if the child had not been discharged so soon from the hospital, or, being discharged, had been immediately placed under medical observation, and everything prepared for tracheotomy in the event of the child's showing symptoms of suffocation.

#### Letter from Berlin.

THE FESTIVAL ANNIVERSARY OF "BERLINER MEDICINISCHE GESELLSCHAFT."

EDS. MED. AND SURG. REPORTER:—

Last week we celebrated a most enjoyable festival, the twenty-fifth anniversary of "Berliner Medicinische Gesellschaft." As early as seven o'clock, the hall was filled with a good-natured audience. They had come from far and near, and eagerly awaited the address by Virchow, who opened the proceedings by bidding a hearty welcome to all assembled; then followed his address. Any one who has heard Virchow speak will have been struck with the logical clearness and precision of his style, the voice perhaps a little monotonous at times. None of this monotony was noticeable on this occasion, however. He spoke with a verve, a fervor, which aroused his audience to enthusiastic applause. His masterly speech should be read and remembered by all colleagues, at home and abroad.

"With to-day's meeting," he began, "we have arrived at a certain period of our existence. Like all festivals of this kind, ours has a two-fold face, one which looks into the past, the other into the future.

"The first thing that strikes us is the many losses which death has caused in our ranks. The number is so great that I cannot mention all the names. Among the number, however, the forms of several stand out prominently, Graefe, Traube, and Wilms. We should be greater, gentlemen, had we not lost so many of our best men by death, by their departing abroad, by illness, and other causes. Among these latter, let us remember one, after Graefe's death, for a long time our first president, Langenbeck, who suffering from inflammation of the eyes, expresses his deep regret at being unable to be in our midst this evening.

"Gentlemen, you will permit me to pass over in silence those who thought to preserve their special interests by going their special way.

"The aims of the association and motives which led to its origin, will be more explicitly stated by Prof. Fraenkel. I will simply remark that our present association is a consolidation of the 'Verein für wissenschaftliche Medizin' and the 'Verein Berliner Ärzte.' Just twenty-five years ago it was concluded to join their interests and aims. You know, gentlemen, that medicine from the Middle Ages to the present has followed diverse directions. And this is still most noticeable in England at the present day, where surgeon and physician are classed separately. In Germany also they were formerly obliged to pass separate examinations. It is a great improvement that this sundering is no longer in vogue, and that medical men are now educated for all branches.

"Specialism is widespread at the present day, and it would be fruitless to endeavor to uproot it. But I may say, and emphatically say, that all specialists must have a general education, and must have drank from the same common source, and must remain in connection with general medicine.

"It has always been an aim of our association to be a centre of union for all branches of medicine; and, I hope, such will continue to be our aim. [Bravo!]

"Gentlemen, I will remind you that our association has been the means of bringing about the present free position of the physician. We preferred to be independent of the protection of State and government. And all outside members of the medical profession approved of our determination.

"If we wish to maintain this, our present free position, we must maintain our unity, remembering that in our union lies our strength.

"A proof as to the results of disunion is given us by the state of affairs in America. By the American Medical Association's Code of Ethics the meeting of the International Congress in America is made doubtful. Gentlemen, I am pleased to say we need no code of ethics here.

"In our endeavor to be a great corporation we need many things. Among others, it would be most desirable to have our own home. We may take it as a good omen that Dr. Eulenburg has presented 10,000 marks to the association as a beginning toward a building fund. [Bravo!] And I will hope that his good example will be followed by many others." [Laughter and applause.]

Then followed a historical survey of the development of the association, written and delivered by Prof. B. Fraenkel, from which we extract the following: The present association originated from the consolidation of the association for scientific medicine founded in December, 1844, by eighteen "younger physicians" (among others, Traube, A. Mueller, Posner, Koerte), and the Society of "Berliner Ärzte," founded in March, 1858. The first-named had a purely scientific tendency; the second aimed at the maintenance and the furthering of collegiality, the preservation of medical dignity and the furthering of theoretical and practical science. Besides those already named, Virchow, Reinhardt, Liman, Leubascher, Holstein, Reinier, Krieger, Riese, Julius Meyer, were members of the first-named society. Graefe, Langenbeck, and Krieger were members of the second.

After numerous attempts had been made to form one out of the two societies, the fusion followed in 1860. The first scientific settling of the new association took place under the presidency of Langenbeck; the statutes agreed upon at that time remain, with slight alterations, in force up to the present day. At the election of officers on November 7, 1860, v. Graefe was chosen first president; Langenbeck, Koerte, vice-presidents; Posner, Liegmand, Schweigger, Garlt; secretaries; Klein, treasurer, and Epstein, librarian. Virchow, who had been president of the Association for Scientific Medicine, had previously declined to accept office in the event of being chosen. V. Graefe remained president until his death; he was succeeded in 1871 by Langenbeck, the present honorary president. Upon Langenbeck's settling in Wiesbaden in 1882, Virchow was given the presidency. Vice-presidents were Koerte (1860-69), Bardeleben (1869-71), Traube (1871-73), Henoch (1873-82), Liegmand (1880-82, 1884-85). The treasurer, Klein, has held his office since his election, twenty-five years ago. [Bravo!]

The association has been exceedingly careful in the bestowal of such honors as are at its disposal, and they are therefore particularly valued. Romberg and v. Langenbeck were honorary members; Langenbeck is honorary president, and Virchow is an honorary member. There have been no foreign honorary members chosen, although the statutes permit of such.

During the first twenty years there were 24 meetings annually; during the last five years there have been annually 32 to 36. More than one thousand lectures, with and without illustrations, have been given. Reports were first published in the *Deutsche Klinik*, and in the *Central Zeitung*. In 1865-66 the reports were published in an independent journal, edited by a special committee; in 1867, the contract with the *Klinische Wochenschrift* was entered upon, which still remains in force, according to which the reports of the meetings of the association are immediately published. To one of the secretaries is assigned the labor of compiling these reports in one volume. At present there are twenty-five of such volumes.

The association boasts of a library at present containing 3,200 works, beside the dissertations and a reading room. After the business of the sittings is finished, the members gather in social enjoyment. The association has very strongly interested itself in the preservation of the interests of the medical callings, and its activity in this respect is best known by its petition with regard to the statutory law for trades, the suggestion of said petition resulting in the present laws regarding the medical profession.

During the last five years special societies, branches of the German United Physicians, have been formed in Berlin. These having the consideration and discussion of social questions principally in view, the association is relieved of these questions; and therefore in 1880, when the new organizations were in good working order, the association retired from the German United Physicians, reserving the right, however, of putting in its word on important occasions.

The association is constantly growing, in spite of its having lost many members by death and

other results. During the first ten years of its existence, the association had only increased from 204 members to 300. Six years later it numbered 400, seven years later 500, and at present 580 members. Never before did the association flourish as during the last three years, and never before did it number so large a percentage of Berlin physicians as at present. And if it is a fact that success is a result of energetic and persevering work, the officers of the association deserve full praise. The honorable past of the association makes us hope and believe in its glorious future. The *Berliner Medicinische Gesellschaft*, vivat, rescat, floreat.

Prof. Fraenkel was followed by several scientific publications by Professors Bergmann, Gerhardt, and Liebreich.

The festival will long be remembered by all present. With fresh hope we will begin a new period of earnest labor, trusting that our endeavors may be as fully rewarded in the future as they have been in the past.

L. C.

Berlin 1, 11, 1885.

## NEWS AND MISCELLANY.

### Against the Wet-nurses.

Dr. Samuel S. Adams, of Washington, argues in the *Archives of Pediatrics* strongly against the current medical opinion that a wet-nurse is the best substitute for a mother in bringing up a child.

He speaks of the low moral tone of most of the women obtainable, who, at best, seek such a position in order to make money, abandoning for that purpose their own children. In case of twins, the supply of milk afforded is insufficient, and a constant excitation of the breasts, while perhaps increasing the secretion, diminishes its quality. The difficulty of being sure of the physical health of the woman is referred to, and the temptation to an easy fraud in passing off when examined by the physician, a healthy borrowed child for her own sickly one, as evidence that the milk is of good nutritive quality. The writer continues: "She (the nurse) must be temperate, of gentle disposition, neat, and cheerful; so she may be when she is nursing the foster-child if some one is watching; but once out of sight, how are we to know what vices she may not indulge? She must be of a loving disposition. If she have such a disposition, is it not reasonable to suppose that her own child will be her first care? If she do not love her own, she may, and probably will, tuck it snugly away in a basket on somebody's doorstep, or put it in a foundling asylum. If she does this with her own, how can we expect her to be gentle, kind, and loving with another's?"

"Supposing, however, that we could control her moral nature and habits, is it not more probable that her sufferings will be very great? She may not live near the foster child, and in that case, must undergo the fatigues of paying frequent visits to each infant. It is not reasonable to expect that such a woman will allow her own offspring to suffer, and consequently it is more than likely to get the lion's share of milk, while the foster-child is permitted to suffer and become



puny and sickly. If she is carefully guarded, and the foster-child gets its full supply, rest assured the little one at home spends sleepless nights, and pines and sickens. Does not this naturally produce anxiety of mind and loss of rest, and impair the nutrient value of her milk?

"It may be claimed that my objections do not hold with regard to a woman who has lost her own child. This may, in a measure, be true; but even in these cases, there remains the uncertainty as to antecedents, and many of the other objections heretofore mentioned, and these impel me to the selection of cow's milk as the best substitute for the mother's, and as offering the surest guarantee against transmissible vices of constitution and the many unknown and unknowable dangers of wet-nursing, even in its best form.

"We are told that a wet-nurse's diet should not be changed; that if she has been accustomed to coarse food, a change to rich and highly-seasoned diet will disturb digestion and thereby render her milk harmful. It is difficult, if not impracticable, to keep a close watch over her diet, and every one knows how great is the temptation to indulge in rich and highly-seasoned food on the part of those who are accustomed only to the commoner and coarser varieties."

#### Habits and Diseases of the Aborigines of South Formosa.

The *Lancet*, October 10, says that in some notes on the aborigines of South Formosa by Dr. W. W. Myers, published in the medical reports of the Chinese Customs Department, we read that amongst the Amis, an aboriginal tribe, in parturition the women sit down, and those confined with a first child or in difficult cases have the assistance of other women. In subsequent labors they generally do all that is necessary themselves. Cases of severe labor or dying in childbirth are rare. The umbilical cord is severed with a sharp bamboo and tied. The child when born is immediately thrown into a tub of cold water, and then taken out and wiped dry. This is continued daily for about a fortnight; afterwards it is taken every morning to the nearest river or sea-beach by its father, thrown into the water, and allowed to struggle for some time. This treatment is pursued both in summer and winter, until the child is able to walk into the water itself. They say children can swim a long time before they can walk. A woman does no work and does not return to cohabitation till two months after childbirth. At Pilam syphilis is called "ha-long-gong," and is supposed to be communicated in the first instance by an evil spirit or incubus. At South Cape syphilis is rare, has no name, and no information as to its source can be obtained. When an Ami woman wishes to express scorn and contempt, she expresses her sentiments by uncovering her person. Small-pox in latter years has been very prevalent among the Amis, and when a village is infected, all the people fly to the mountains. Many Chinese impostors go among them professing to vaccinate, and the Chinese Government have sent some people to perform inoculation. The savages say that small-pox was introduced by the Japanese on the occasion of their last landing, and before that date it was not known in the south of Formosa. These people

never smoke opium; they drink cold water freely, and bathe in cold water summer and winter. Both men and women go about in their own villages in warm weather quite naked. The neighboring Paiwan tribe is said to have sprung from a rock, which opened, and two beings, male and female, burst out. They are strict monogamists, and very virtuous, women holding an honored place in their councils. Small-pox makes great ravages among them; and arrack, the art of making which has been taught them by the Chinese, is fast debasing them.

#### Disinfection of Cattle-Cars.

Dr. P. Redard, Physician-in-Chief of the State Railroads of France, has recently published the results of some experiments made by him to determine the true value of certain means of disinfection which are used in Europe to purify cars which have been used for the transportation of cattle. In France and several other countries, the car is roughly cleansed and then washed with solutions of carbolic acid or chloride of zinc. In Germany, Austria, and Russia, on some lines chemical disinfectants have been abandoned, and jets of steam used instead. The experiments of Dr. Redard show that solutions of carbolic acid or of chloride or sulphate of zinc must be much stronger, and remain a much longer time in contact with the substances to be disinfected, than can be the case in using these fluids in cattle-cars. In almost every experiment with these substances, the contagious properties of the virus of glanders, of anthrax, and of chicken cholera were not destroyed, and in every experiment with sulphurous acid gas it was found to be useless. No trials seem to have been made of the powers of a solution of bichloride of mercury, and the conclusion of Dr. Redard, that "the method of disinfecting cars by chemical substances is absolutely useless," seems premature; but there is no doubt that, as heretofore practiced, it is of very little use. His experiments with the steam-jet gave the same results. The temperature of the jet used was from 80° to 90° C., and this did not destroy the vitality of the virus of chicken cholera, anthrax, septicæmia, or glanders. He then proceeded to try the effects of superheated steam at a temperature of 220° F., and found that, with one exception, this destroyed all the contagion referred to above. The superheating was effected in a small coil of iron pipe through which steam from the locomotive was passed, heat being applied externally. Dr. Redard concludes by recommending the use of this superheated steam process for disinfecting cattle-cars, and the abandonment of the processes heretofore employed.

#### An Easy Way to Repair the Packing of a Hypodermic Syringe.

Dr. Charles B. Lanneau thus writes in the *New Orleans Med. and Surg. Jour.*:

To the country practitioner especially, who may have a syringe which works badly, the following method may prove of some value:

Take a thick piece of chamois leather (buckskin), stretch and tack it down on a smooth piece of board; smear it over with mucilage (working it in well with the finger), allow it to

dry and harden thoroughly. Then cut out discs the size of the calibre of the syringe, in sufficient numbers to fill up the end of the piston rod, having first pierced small holes for it to pass through. Screw on the top firmly and replace the rod in the barrel. Washers of the same material may be placed at either end of the glass cylinder. Finally, screw the cap of the syringe into its proper position. When the packing becomes moistened, it swells greatly, causing it to fit tightly, and the instrument will not "back water." I have had several times to fix my own syringe in this way, as there is no instrument-maker here. For those who live remote from a city this procedure may save the sending of perhaps an only syringe a long distance for repairs. But it is well to keep several syringes on hand to be used in case of emergency. When the discs are all placed on the piston, they may be smoothed with fine sand-paper, for the roll which they form will be as hard as a piece of wood—like sponge similarly treated in the making of a sponge-tent.

I expect physicians will bear me out in the assertion, that few things tax our *patients* and *patience* more than to have a syringe shoot out at both ends simultaneously, when one endeavors to administer a hypodermic injection.

#### The Treatment of Obesity.

An English exchange says: Starvation, semi starvation, surcharging, "banting," alkalies, purgatives, Turkish baths, exercise, and the thousand and one ways of reducing corpulency to respectable dimensions, still leave a large section of our stout population in despair. M. Germain Sée comes to the rescue and solves (?) the difficulty with his accustomed dash and skill. "Oh, ye massive fat ones desiring to be made lean, eat not much meat, but drink enormously of tea." That is M. Sée's good news put in a nutshell. That is the cry now to be heard in the Parisian wilderness of fat. Obese individuals may suffer from shortness of breath from many causes, writes M. Sée, and infiltration of the muscles with fat is an important one. There are many ways of reducing the fat. The first is by diet; the second by moderating the imbibition of fluid; the third by muscular exercise; and there are also balneotherapy or bathing, and treatment by medications. M. Sée does not approve of "banting," as it takes too long; and, further, he argues that proteins such as meat, eggs, etc., are productive of fat. Ebstein has recently advocated "banting" combined with some fatty food; but our author does not fall in with this method. Stout people do not bear bleeding well, although this was the treatment in vogue in the sixteenth and seventeenth centuries. Iodides, alkalies, and diuretics are not well borne by fat persons. Moreover, these medicines, when they reduce obesity, do so by destroying, or at least damaging, the organs on which the nutrition of the body depends.

#### They Were Doctors.

The *Med. Age* says: "The cars on an incoming train to this city were filled to overflowing, and a man who got on at a small station walked their whole length without being able to find more than one vacant seat. This was part of a whole seat

upon which a single passenger was stretched at length. After standing for a time by this seat, and observing no inclination on the part of the occupant to share it with him, he indignantly exclaimed, 'You are an infernal hog, sir.' 'You call me a hog, sir?' retorted the other, who was instantly on his feet and in a fighting posture. 'I'll knock the top of your idiotic head clear across the country, sir.' A fight was imminent, when the conductor opportunely appeared on the scene. 'Hold on, doctor: what's the matter?' shouted the ticket-puncher. 'Doctor?' queried the man from the small station, 'are you a doctor?' 'Yes, sir.' 'Why, so am I.' 'Good gracious, is that so?' and they exchanged cards and shook hands. 'Why, of course you can have half my seat—all of it—the whole car.' 'Oh, no, no, doctor; I wouldn't disturb you for the world.' 'But, doctor, I insist.' 'Well, doctor, if you insist, why I'll be glad to sit with you.' 'Of course, doctor.' And the reporter of the *Free Press*, who witnessed the affair, says the two doctors sat down together in one seat, and were so soft and tender and loving that tears sprang to the eyes of every passenger."

#### A New Process for Sewage-Precipitation.

Luton, one of the towns which is drained into the river Lea, has had for long under consideration the imperative necessity of increasing the existing means of dealing with its sewage. A system of sewage-precipitation, the invention of Mr. Cobley, of Dunstable, has recently been tried with successful results. The affluent is unusually difficult to deal with, as, in addition to ordinary town-sewage, it is dyed a dark-blue-black color by the refuse from straw-plait dyeing which is the staple industry of Luton. The precipitating material is an intimate mixture of clay and coke-dust, raised to a high temperature in retorts, and subsequently with crude sulphuric acid. The resulting black powder is thoroughly stirred up with water, and delivered into the sewage into a graduated stream; powdered chalk is also added at Luton in order to get rid of the coloring matters. After treatment, a copious precipitate falls in the settling-tanks, and the effluent water is clear, colorless, and odorless. The process is said by its inventor to be very economical as well as effective. The sludge, it is believed, can be baked, and used over again two or three times until a valuable manure is obtained. Provisional protection has been obtained.

#### Treatment of Disease in India.

The *Boston M. and S. Jour.*, quoting from *Chambers' Journal*, says a correspondent thus writes: "Regarding the native treatment of diseases in India, one of the most curious things I ever witnessed was a half-clad native shouting through the streets of a country town: 'Does any one want back his sight?—one rupee only!' as if he were hawking fruits or sweetmeats; and to my astonishment, a patient soon presented himself to be operated upon for cataract. There and then, standing in the bazaar, the itinerant oculist took out his penknife and performed the operation in a few minutes, bound up the man's eyes, telling him to keep in the dark for a fortnight, received

his fee of one rupee, and shouted his war-cry for more patients. The operation was almost unvaryingly successful; one instance among my servants being a woman of eighty, who had charge of my fowl-house, and had for many days been sightless, except to distinguish light from darkness, and who in this way was successfully operated upon."

#### Lay Advice to Doctors.

The *Brooklyn Eagle* gives the following advice to doctors:

Avoid the society of your patients.

Physicians should have no familiars; to be thoroughly respected, they must stand aloof from the gaze of society.

A prophet has no power in his own country; neither hath a physician in his own circle.

Without skill, it is impossible to become a flourishing physician; but without good manners, all the skill of the most eminent physician will not avail you in a large capital.

A good address is everything to a doctor.

Never refuse a fee from any person who is able to give one, in order that you may never have occasion to take one from a man who is too poor to well afford one.

It matters not how mercenary you may be accounted by the rich, so long as you are merciful to the poor. If you cannot get fees without depriving them of bread, it were better you had never been a doctor.

#### How to Disinfect Infected Dwellings.

The following method of thoroughly disinfecting a room in which an infectious disease has existed is reported in the *Centralbl. f. Chirurgie*, No. 12, 1885, by Prof. Rönig, who has successfully employed it for twenty years:

The windows of the infected room having been closed tightly, 50 to 60 grammes ( $1\frac{1}{2}$  to  $1\frac{3}{4}$  oz.) of corrosive sublimate are placed on a small shovel on burning coals; after that the person leaves the room immediately and closes the door. The sublimate evaporates rapidly and exposes the room to its vapors for three or four hours. Then the door is to be opened, and, covering nose and mouth with a piece of cloth, the person re-enters, opens the windows and closes the door again. The room having been thus ventilated for several hours, the possibly remaining sublimate vapors are to be rendered harmless by the burning of sulphur in the closed room. After repeated ventilation the room may again be occupied.

#### Scalped by Machinery.

Elizabeth de Paul, 11 years, was employed, with a number of others about the same age, in Smyth's Berkshire Mills, in direct violation of the law which prohibits the engaging of children under 14 years of age. The duty of most of these little ones was to carry bobbins to the looms. The bobbins are dropped into boxes overhead, to reach which the children have to climb upon a stool. The girls had been repeatedly warned not to go on that side of the looms where the belts and wheels were in operation. Little Lizzie disre-

garded this order, and, while she was filling her apron with spools, her hair caught in a pulley and the scalp was completely torn off. Death was instantaneous.

#### The Editor will Call Loudly for Them.

The *Daily News* says: "There are 2,500 doctors in Philadelphia. If cholera must come next summer, perhaps they'd like to go away on a vacation now and come back with 'the flowers that bloom in the spring.' It would be simply shocking for the fell destroyer to arrive when so many nice sleek victims were out of town." It is lots of sport to make fun of the doctors, but when sickness and sorrow comes they are always wanted and respected.

#### Antidote Bag.

Dr. Murrell advises that every physician should keep an antidote bag, which should contain every drug and instrument needed in ordinary cases of poisoning. It should always be kept filled and ready for use; so that, in case of emergency, the doctor could take it along or send for it, and not be compelled to look for stray bottles or instruments at a time when life may depend upon a minute.

#### Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended November 14, 1885.

Wheeler, W. A., passed assistant surgeon. To proceed to Ontario, Canada, on special duty, November 11, 1885.

Urquhart, F. M., passed assistant surgeon. To proceed to Baltimore, Md., with steamer "Manhattan," and then rejoin station, November 12, 1885.

#### A Call.

In connection with the peculiar requests made to doctors, which we have recently noted, we publish the following verbatim copy of a note recently received by a district physician: "Dootre pleas Bring your toole to waxinait the Babey ass the small pocks are spreiding in the necks Cort is pepermint and oile good for the Collik in the Bowles"

#### Items.

—Professor William Osler, of Philadelphia, will deliver the next Cartwright lectures.

—A Rhode Island girl who slipped a watermelon seed into a man's eye and put it out, compromised the case by marrying him. The poor fellow must have been completely blinded.

—A patient about to enter a doctor's office, seeing dimly the bronze bust of Æsculapius within, was afraid to go further, and exclaimed in terror, "An' begorra, an' whut does the docthur have that nagur's head there fur?"

—Dr. Alfred Meadows (*Brit. Med. Jour.*): 1. A vaginal pessary of conia for ovarian pain, neuralgic or inflammatory. 2. Bromide of potassium, in ovarian mucorrhagia, limits the flow, and increases the length of the menstrual interval.

—A suicidal mania has broken out in Berlin, and the number of persons taking their own lives has of late been rapidly on the increase. On one day recently no fewer than seven fresh cases of suicide took place in that city.

—Professor at Columbia: "One can not taste in the dark. Nature intends us to see our food."

Student: "How about a blind man's dinner?"  
Professor: "Nature has provided him with eye teeth, sir."

—Mlle. Benoit, a young French woman, has been appointed medical examiner to girls in the municipal schools of Paris. It is her chief business to see that the girls are not overworked, and that their studies are effected under sanitary conditions.

—A little fellow, looking rather squeamish, went into a druggist's shop, and with a very doleful look asked for a pennyworth of salts. During the operation of weighing the article he said to the chemist, "Don't give us full weight, for it's me that has to take them!"

—Dr. Adam Clark, who had a strong aversion to pork, was called upon to say grace at a dinner where the principal dish was a roast pig. He was reported to have said: "O, Lord, if thou canst bless under the gospel what thou didst curse under the law, bless this pig."

—In the *Lancet*, Oct. 10, Dr. Thomas Barr reports a case of scarlet fever, complicated with nasal and pharyngeal diphtheria; acute suppuration of both middle ears; rapid destruction of tympanic membranes; serious loss of hearing; facial paralysis, and abscess of lachrymal sac; recovery.

—The *Fall River Advance* says that there is nothing that will improve a woman's complexion so much as early rising, and that sweet exercise which is developed by building fires and in getting her husband's breakfast. And we don't believe there is a trip-hammer big enough to drive the solemn truth into her.

—The *Boston Medical and Surgical Journal* says that an old man at the south end of Boston, grandfather of a girl who was recently admitted to the small-pox hospital, has run away. The health officers visited the house to vaccinate all who had been exposed to the disease, but just before the old man's turn came, he disappeared, and all attempts to find him have failed. How often the health and welfare of a whole community lie at the mercy of a single fool!

—M. Roullière, navy surgeon, sends a report to the Académie de Médecine, on the results obtained by the transfusion of serum in cholera, at the Saint Mandria hospital at Toulon. Among fifty-five patients in the last stage of collapse, thirty-seven died, eighteen recovered. The quantity of serum transfused varied from 1.5 to 2 grammes. This treatment, in some cases, effected temporary improvement, but in the majority of cases failed to cure.

—Mr. Clement Lucas removed, in Guy's Hospital, London, on October 20, a large hydro-nephrotic kidney from the right loin of a woman, aged thirty-five. The "oblique-crucial" incision, which Mr. Lucas has always advocated for large tumors, was employed; and the organ was re-

moved without injury to the peritoneum. The patient, a week after the operation, was far advanced towards recovery, her temperature never having reached 100°, and her general condition being most satisfactory.

—One of the last survivors of Napoleon's Grande Armée, Jean-Baptiste-Guillaume Mangest, who was born at Rueil on the 17th of February, 1775, has just died. M. Renaudin, formerly a veterinary surgeon of the French army, and who has been some years in the lunatic asylum at Ville-Evrard, has attained the age of 102 years. To the above centenarians may be added the name of M. Chevreul, the celebrated academician, who entered his one hundredth year on the 31st of August last.

—The official report of the inspectors, on the compliance with the law affecting the labor of children and girls under age, states that there were in Paris and the suburbs last year 127 breaches, against 152 in 1883. The indictments resulted in 72 convictions, mainly for employing children under 12 years of age, defective ventilation or warmth of the work-rooms, and for obstructing the inspectors on visiting the work-shops. The decrease in the number of prosecutions favorably contrasts with that of the previous year.

—"Weally, ah, I beg your pardon, miss, if I intrude," said a dude from Cincinnati, the other evening, on discovering a pretty girl milking a cow.

"No intrusion, sir," said the girl, blushing like a rose.

"Ah, my dear damsel, cawn't I assist you?"

"Certainly, sir. Just stand where the cow can see you."

"Of course I will, me chawmer; but what do you want the cow to see me foah?"

"She will think you're a calf, and give down her milk faster."

—At a late meeting under the auspices of the Northern Counties Photographic Association, held in the theatre of the Newcastle Literary and Philosophical Society (England), a paper was read upon the new ethoxo lime-light by the Rev. F. T. Hardwick, which is claimed to be equal in lighting power to the oxy-hydrogen light, and more safe and convenient. A letter was read from Professor Herschell testifying to the safety of the improved ethoxo light under tests of exceptional severity. Mr. Hardwick showed slides of insect life, etc., by aid of this light, and his demonstrations were admitted to have been very interesting and successful.

—M. Bochefontaine writes to the Académie des Sciences, that he is willing to accede to M. Trécul's desire that he should repeat his operation of swallowing cholera-dejecta before the members of the Academy, also to have an hypodermic injection of cholera-bacilli. The president observed that the Academy cannot take the responsibility of such experiments; but every one can make what experiments he pleases at his own risk. M. Trécul insists that, as M. Bochefontaine is determined to repeat his experiments, he should do so in the presence of the academicians. The proposal is submitted to the consideration of the section of medicine.